

Centre of  
expertise  
on child  
sexual abuse

# Communicating with children

A guide for those working with  
children who have or may have  
been sexually abused



Second edition, April 2025

## About the Centre of expertise on child sexual abuse (CSA Centre)

The CSA Centre's overall aim is to reduce the impact of child sexual abuse through improved prevention and better response, so that children can live free from the threat and harm of sexual abuse.

We are a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's, working closely with key partners from academic institutions, local authorities, health, education, police and the voluntary sector. We aim to:

- increase the priority given to child sexual abuse, by improving understanding of its scale and nature
- improve identification of and response to all children and young people who have experienced sexual abuse
- enable more effective disruption and prevention of child sexual abuse, through better understanding of sexually abusive behaviour/perpetration.

We seek to bring about these changes by:

- producing and sharing information about the scale and nature of, and response to, child sexual abuse
- addressing gaps in knowledge through sharing research and evidence
- providing training and support for professionals and researchers working in the field
- engaging with and influencing policy.

For more information on our work, please visit our website:

[www.csacentre.org.uk](http://www.csacentre.org.uk) 

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<https://doi.org/10.47117/JWPC8394> 

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# Introduction

In any situation where there are concerns about child sexual abuse, talking to the child is vital. Done well, it gives them the confidence to tell – or tell more – about what is happening or has happened to them, and can reassure them that the abuse will be stopped or prevented.

There can be a tendency, though, to think that talking to a child about sexual abuse is something that should be done by someone in a specialist role; that someone else must be better placed to ask a child about their experiences; or that someone else has probably already asked them. However, if you have noticed that something isn't right for a child, or if a child has chosen to speak to you, it is very likely that you are best placed to talk to them about what is happening. This guide has been written to help you do so.

The nature of your role may mean that you will need to seek advice from your safeguarding lead, and this guide is not intended to supplant that advice – but it aims to support you in opening a door to communication for a child, and responding effectively when they tell you something is happening.

## 1.1 Who is this guide for?

This guide is for anyone whose role brings them into contact with children. For example, you may be a social worker, teacher, early years or nursery practitioner, police officer, health professional, voluntary-sector worker, sports coach, or faith leader/worker.

## 1.2 What is this guide about?

This guide aims to help you communicate with children in relation to child sexual abuse, whether you have been told or discovered that abuse has taken place, or you have concerns that such abuse may be happening.

It aims to give you the knowledge and confidence to overcome any fears of 'getting it wrong', 'opening a can of worms' or not knowing what to say, which so often prevent children getting the help and support that they need. It also emphasises that you can and should talk to children about your concerns without worrying about 'contaminating evidence' or affecting a criminal trial, and explains how to do so.

Throughout, it stresses the paramount importance of safeguarding the child and supporting their welfare, and demonstrates the huge difference that confident, direct communication can make to children who need help to tell.

## 1.3 How can this guide help you?

*“When [sexual] abuse is happening to you, you feel very isolated. You know that you need to tell someone, or you may even feel this urge to tell someone, but you know you can't because that fear will overrun your whole body and your mind.” – 13-year-old girl. (1)*

Often, the professional response to child sexual abuse is to wait for a child to tell a professional what is happening to them; many professionals feel there is nothing that can be done until the child says explicitly that they are being abused. This places the onus to stop sexual abuse on the child.

This guide explains what may be going on for children when they are being sexually abused; what prevents professionals from talking to children about sexual abuse; the barriers children might face in communicating with us about what is happening to and for them; and what you can do to give children the confidence, and opportunities, to communicate with you. Dispelling some of the misconceptions surrounding what can and should happen when children communicate with professionals about sexual abuse, it will help you to:

- respond when you are concerned that a child is being sexually abused (because, for example, you have noticed a change in their behaviour)
- know what you should and should not do or say in your conversations with children
- consider the situation that each individual child is in, so you can plan your communication with them
- understand the professional behaviours that can give children the confidence to communicate with you about what is happening
- make a record of your communication with the child.

The guide brings together research, good practice guidance, and expert input from professionals and victims/survivors of sexual abuse. To keep the text easy to read, sources are not cited in the text but are listed at the end of the guide.

Throughout the guide, there are 'reflection points' for you to consider specific issues and reflect on your own thoughts and feelings about topics or themes.

## 1.4 Terminology

For the sake of simplicity, we use the term '**child**' in this guide to mean anyone under the age of 18. It is important to remember that children of all ages experience sexual abuse.

We use the term '**parents**' to encompass all parents/carers of a child – including biological parents, step-parents, adoptive parents, foster parents and other relatives who may be the child's main care-giver, such as grandparents.

We have chosen to avoid some terms that are sometimes understood differently or that feel uncomfortable for some people:

- Instead of 'perpetrator', 'abuser' or 'sex offender', we talk (in relation to adults) about **the person who has sexually abused the child** or similar.
- Instead of 'peer-perpetrated abuse' or 'peer-on-peer abuse' by under-18s, we talk about **harmful sexual behaviour**.
- Instead of 'disclosure', we refer to **telling** a professional or similar. Telling may involve verbal and/or non-verbal communication
- We refer to **disabled children** rather than 'children with disabilities', to reflect the social model of disability. This is a model developed by disabled people and says that people are disabled by barriers in society, not by their impairment or difference. We recognise that language is very personal, however, so it is important to check with every individual how they would like to be identified.

We use the term '**conversation**' when referring to professionals' communication with children, including in cases where the communication is non-verbal.

## 1.5 Structure of the guide

This guide is divided into three parts:

- **Part A** explores why it is difficult for sexually abused children to tell anyone about their abuse, and why many professionals find it difficult to talk to children if they have concerns about sexual abuse.
- **Part B** aims to build your confidence in talking to children when you have concerns, by explaining how ‘telling’ can be understood as a gradual process, and outlining the key skills and attributes required – all of which you are likely to possess already – when conducting a conversation.
- **Part C** details the actions you can take before and during the conversation – including the questions that you can ask – in order to support children to tell you what has happened or is happening to them. It also sets out actions to take after the conversation.
- **Part D** contains advice on communicating with children in different contexts – such as when you have concerns about their behaviour, and when you are supporting a child during a police investigation – and features example conversations.

This guide is part of a range of [practice resources](#) – covering a variety of topics such as identifying the possible signs and indicators of child sexual abuse, supporting parents and carers, and responding to harmful sexual behaviour by siblings – produced by the CSA Centre.

All of these resources support the [Child Sexual Abuse Response Pathway](#), our step-by-step online resource which guides professionals through all stages of protecting and supporting children and their families when there are concerns of sexual abuse. Centred on children’s needs, how they are feeling and what they hope will happen, the Response Pathway explains how to respond to concerns of child sexual abuse at key points, from first concerns and early help safeguarding through to child protection and criminal justice responses – including when those responses are taking place simultaneously.

We have also produced [a version of this guide tailored for professionals working in education settings](#).



# 2

## Core messages

There are many prevailing preconceptions and stereotypes about sexual abuse, including about what you can and should say when you are worried about a child, or when a child has communicated that they have been sexually abused. The core messages below set the context for the rest of this guide, and aim to dispel some of those damaging myths.

- Child sexual abuse thrives in secrecy and silence. You can actively work to break the silence, by talking about sexual abuse – if you don't, you are colluding unintentionally with those who rely on it remaining secret.
- Anyone who works with children and families has the skills to communicate with children about sexual abuse – so have confidence that you can do so. If not you, then who?
- If you are worried about a child, there is far more that you can say to them than you should avoid saying, even when a criminal investigation is under way. Supporting the child's welfare is always the primary consideration.
- If you listen to children – however they are communicating – and you are authentic and honest in your responses, it is very unlikely that you will get it wrong.
- While you may worry about 'opening a can of worms', asking about what has happened and how you can help is very unlikely to make things worse.
- All too often, professionals rely on, and expect, children to tell them verbally about sexual abuse – and furthermore, they fail to notice when children do tell them, in many different ways, what is going on.
- All children can communicate, and it is our job to support them to do this in whichever way works for them. To give a child the best opportunity to communicate with you, it's essential for you to find out about and adapt to their individual communication style, rather than expecting them to adapt to your style.

### Reflection point

Do any of these messages surprise you?

# Part A. Barriers to communication

Children face a great number of barriers in communicating about sexual abuse – these can include feelings of fear, shame, guilt and responsibility, as well as not recognising what has happened as abuse, and lacking the language to communicate. It's important for you to understand the reasons why children may not feel able to tell you what is happening to them – and to consider what may be stopping you from talking to them if you have concerns.

# 3.

## What's stopping you from talking to children about child sexual abuse?

The sexual abuse of children can be difficult to think about, let alone talk about, so it is unsurprising that many professionals are reluctant to raise the subject with a child if they have any concerns – or even if the child has already communicated that they are being abused. This chapter outlines some common reasons for that reluctance, and explains why they need to be overcome.

### 3.1 Unwillingness to believe that a child may be being sexually abused

When a child behaves in a way that could indicate that they are being or have been sexually abused, professionals sometimes take the behaviour at face value, forgetting to think about what may be causing it or attributing it to other causes (such as worries about exams; changes in the home environment; other forms of abuse, such as neglect; or a disability). And if you find it hard to believe that a child is being sexually abused, it can be easier to assume that there must be another explanation for the behaviour or other signs that have given you cause for concern.

It can be particularly difficult to accept that anyone would sexually abuse very young children, disabled children, or children who are physically unwell or experiencing mental health difficulties.

Remember, identifying child sexual abuse is not an exact science. Sexually abused children may show no outward signs of the abuse, a few signs, or many. Some of those signs may strongly indicate sexual abuse, but others simply tell you that the child is distressed or being harmed in *some way(s)*. And different children display very different behavioural signs: one may struggle to engage with their schoolwork, while another finds that educational engagement functions as a coping mechanism. With that in mind, it's important to record systematically *anything* that causes you concern, so you can build a picture of what is happening and talk to the child about it.

**The CSA Centre's [Signs and Indicators Template](#)  provides a framework for you to record your concerns. It outlines a wide range of potential signs and indicators of sexual abuse, including physical signs, the child's behaviour and environment, and the behaviour of those around them.**

It is common, however, for signs of sexual abuse to be overlooked with regard to certain children. For example:

- Behaving in a sexually uninhibited/inappropriate way with adults should be seen as a concern in any child, but Black children are sometimes perceived as less innocent or more adult-like than their White peers; this is known as 'adultification bias' and is a form of racial prejudice. Professionals may think Black girls need less support and protection, are more independent, and know more about adult topics including sex, for example – meaning that potential signs and indicators of abuse are downplayed or overlooked.
- Although disabled children are at least twice as likely as other children to be sexually abused, it is common for signs and indicators of that abuse to go unrecognised or be dismissed as being caused by the child's condition. This may also happen in relation to neurodivergent children – those with conditions such as autism, dyslexia, dyspraxia or attention deficit hyperactivity disorder (ADHD). It is important, therefore, to understand how each child's disability or condition affects their lives – including their day-to-day functioning, learning style and communication – in order to establish the most likely reason for any concerns you have. If a disabled or neurodivergent child displays 'challenging behaviour', for example, you need to consider whether they are communicating distress.

- It is estimated that 5% of boys are sexually abused before the age of 16, but societal values regarding masculinity and perceptions of males as perpetrators mean that boys may not be recognised as victims of sexual abuse except in certain contexts (such as where they are sexually abused by their peers in gang situations). Teenage boys are often perceived as being highly sexualised, meaning that their sexual abuse by adults is often not regarded as abuse or as causing them harm.
- Children who are exploring their sexual orientation may be vulnerable to adults who take advantage of their lack of experience/vulnerability/questioning. However, perceptions of greater sexual risk-taking among gay, lesbian and bisexual children young people may lead professionals to 'normalise' their sexual abuse by adults.
- While the overwhelming majority of child sexual abuse is perpetrated by males, women may sexually abuse both boys and girls too – but the signs of such abuse may not be acted upon if professionals are reluctant to consider the possibility that it is happening.

## Reflection point

Spend a few minutes thinking about what might prevent you from noticing or acting on the signs and indicators of sexual abuse.

Have stereotypical representations of child sexual abuse (in the media or elsewhere) given you the impression that only certain children are likely to be sexually abused, and only certain people sexually abuse children? Might this lead you to misinterpret behaviours?

Continue to challenge your own judgements and assumptions about ethnicity, culture, disability, neurodiversity, age, sex/gender and sexuality, so you can recognise sexual abuse and respond effectively to children. Good-quality analytical assessments, peer support, and reflective supervision can help.

As soon as you have concerns, it's essential to act on them – do not wait for the child to tell you verbally they are being abused. There are many reasons why children may be unwilling or unable to communicate with you or anyone else about their abuse, as Chapter 4 explains. And you should also bear in mind that a child's actions or behaviour may be their attempt to 'tell' – all too often, these attempts are not recognised or are misunderstood.

Even when children do make attempts to tell verbally, very often they are not listened to or are disbelieved.

And if a child tells but later retracts what they have said, do not take this as evidence that there was no abuse: the child may well be trying to retain some control over their world at a time when telling has turned it upside down.

**Chapter 6 explains how you can develop your self-awareness and cultural competency skills, so that you can better identify and respond to child sexual abuse.**

### 3.2 Fear of the consequences if the child is not being sexually abused

It is natural for professionals to be concerned about the repercussions if they voice or record concerns that prove to be unfounded. **As a result, there is a tendency to ask, “What if I’m wrong?” rather than “What if I’m right?”**

But for a child, that concern of getting it wrong can all too often mean that abuse is left to continue unchecked. To adequately safeguard children, you need to flip this narrative: ask yourself “What if I am right?”, and therefore “What do I need to do to make this child safe?” and “What does this child need from me now?”

### 3.3 Not knowing what to say

You may think that someone else is better placed to start a conversation with a child you are worried about, or to listen to a child who has communicated to you that they are being sexually abused. This is understandable: sexual abuse can feel like a difficult topic to talk about, the child may be very reluctant to tell you anything, and you may be wary of saying the wrong thing.

However, starting such a conversation is *not* outside the remit of your role, and may be vital: if a child is trying to communicate with you but you are not responsive, they are likely to feel closed down, dismissed, or unheard.

Although formal interviews with children need to be facilitated by someone who is trained in conducting Achieving Best Evidence (ABE) interviews, *anyone* who works with children and young people should be able to ask children about possible signs and indicators of sexual abuse that they have noticed. And children will decide who they want to communicate with; if that person is you, then you – with support from your safeguarding lead – are likely to be the best person to talk to them about it. Parts B and C of this guide have been developed to help you.



# Communication barriers faced by children

## 4

*“[My grandad] always told me he wouldn’t admit it, no one would believe me. I’d be taken into care because he’d be killed and my dad would be a threat and my mum would lose it if my dad did kill my grandad because she would have been known as the woman that had a boyfriend that was a murderer, things like that. So my mum would have lost it, I would have gone into care, I wouldn’t have had any support from family.” – 16-year-old girl. (1)*

This chapter highlights the barriers – including those relating to the characteristics of the individual child and their family – that may prevent children from telling anyone that they are being or have been sexually abused.

There are many reasons why children may not communicate with anyone else about their experiences of sexual abuse. Some are based on the child’s belief that they need to keep the abuse secret, including as a way of coping with the experience and feeling that they have some control over their situation.

Every child has their own reasons for not wanting, or being able, to tell. Some common reasons include:

- feeling **embarrassed** or **ashamed** by the abuse
- feeling **responsible** for the abuse
- feeling that they will be **blamed** for the abuse
- fearing that they will **not be believed**, because –
  - the person who abused them has told them they won’t be believed (especially if the child sees that person interacting with professionals and being involved in decisions and plans about the child’s life)
  - the person who abused them has told them that the abuse did not happen, and they must have imagined it or dreamt it
  - they observe the person who abused them ‘carrying on as normal’
  - they have not been believed previously when trying to tell about the abuse, or about other things that have happened to them
  - they themselves are struggling to believe what is happening to them, as it feels so ‘unreal’ and ‘unbelievable’
  - they didn’t tell someone immediately and feel it is now too late to be believed
- being **threatened** or **manipulated** by the person who abused them, including in situations where the child willingly entered into an intimate relationship and is now being blackmailed
- fearing other **consequences** of speaking out, such as –
  - the impact on their non-abusing parent(s) or wider family, particularly if the family is facing multiple adversities
  - removal from the family, and/or having to move home or school
  - the person who abused them getting into trouble, harming themselves or leaving the family

- not having the **language** or the **capacity** to communicate verbally, or not having the words or communication aids to describe their experience
- not **recognising** their experience as abusive.

These barriers are likely to be influenced by:

- the child's age when the abuse started
- their relationship with the person who abused them
- the type of abuse – for example, it may take longer for the child to talk to someone if they have experienced penetrative and sustained abuse
- the cultural context and community in which they live – for example, some children may have limited opportunities to talk to others outside their own community
- their experience of prejudice based on their ethnicity, faith, culture, sex, sexual orientation, gender identity or other characteristics such as class and poverty.

Some of the barriers above are explored in more detail in the following sections. Recognising the specific barriers a child may face in communicating with you is the first step to understanding how you can help the child overcome these barriers.

**For information about the wider impacts on children of sexual abuse, see the CSA Centre's [Key Messages from Research on the Impacts of Child Sexual Abuse](#) .**

#### 4.1 Barriers based on ethnicity, including language barriers

Perceptions and/or experiences of racism can make it harder for children from minority ethnic backgrounds to speak up about sexual abuse, out of lack of trust in 'mainstream' institutions or concern about reinforcing negative stereotypes. For example, children of South Asian heritage may fear that telling anyone outside their community will lead the community to be targeted as 'child abusers'.

Conversely, some children may not want to tell anyone from their own ethnic background or community, as they fear that the information will not remain confidential.

In some languages, there are no direct translations of English words about child sexual abuse and genitalia – in Urdu, for example, the word 'rape' is translated as 'burglarising honour' – and/or the words needed to describe sexual abuse are considered taboo or obscene. For children whose first spoken language is not English, this can make it particularly challenging for them to tell anyone – whether inside or outside their community – what is going on. And communicating through an interpreter may not solve the problem: the interpreter too may struggle to find the right words, or may feel constrained by their own beliefs around cultural respect or their feelings of shame or discomfort. (Bear in mind too that the child may have concerns about confidentiality if an interpreter is involved, especially – but not only – if they are known to the child or are from their local community.)

## 4.2 Barriers based on culture and religion

If child sexual abuse is a taboo subject for religious or cultural reasons, fear of ostracism from their local community can increase a child's sense of isolation.

Shame and stigma surround child sexual abuse across all communities, but children from cultures where family 'honour' is highly prized may find it particularly difficult to tell anyone that they are being sexually abused – and if they tell someone in their family, that family member may want to keep it a secret.

In patriarchal and male-dominated communities with an emphasis on maintaining the 'purity' of girls, female victims of child sexual abuse often fear that telling anyone will lead them to be considered 'impure', and may damage the marriage prospects of their female relatives too. Talking or even knowing about sex is considered 'nasty' in certain diasporic African-Caribbean communities – and, in some communities, there can be reprisals for people who break taboos (by talking about sex, for example).

Children from some religious backgrounds may not be taught about sex and relationships – and even when they are, religious teachings may forbid any sexual relationships or contact before marriage, or forbid same-sex relationships, for example. This means that sexually abused children may feel deeply ashamed and unable to tell anyone.

Professionals' lack of understanding of religious and cultural beliefs can also act as a barrier to telling. If a child is from a culture that believes in spirit possession and witchcraft, for example, and they have been taught that they or their family will be harmed if they tell anyone about their abuse, they will probably be very reluctant to share their experiences with anyone who does not understand their beliefs or their fear of reprisals.

If a child has been sexually abused by someone within a religious institution, the child may be reluctant to tell you about the abuse because:

- they have been taught to show deference and respect to religious figures
- they have been pressured to show forgiveness towards those who abused them, and to not report the abuse
- they know or suspect that the institution will try to keep the abuse hidden.

Communities which are distanced from mainstream society – such as Romany, Irish Traveller, Ultra-Orthodox Jewish and some South Asian diaspora communities – are often referred to as 'closed communities'. They typically provide their own integrated, non-statutory support services, in some cases including parallel religious councils or courts. And they may have their own 'gatekeepers' who restrict access to external support services so the community and culture is 'protected' from outside influence or harm.

In some closed communities, some children do not attend school regularly, are removed from school at a young age, or receive home schooling. Their knowledge about sexual development and healthy relationships may therefore be limited, leading to a lack of understanding about sexual abuse.

### Reflection point

Think about the assumptions you hold about certain cultural norms. Are there ways that cultural stereotypes – or a lack of confidence in your awareness of cultural sensitivities – may have influenced your understanding of a child's behaviour or family dynamics? How can you challenge these assumptions in your professional practice?

### 4.3 Barriers based on disability, neurodivergence and communication

Depending on the nature of their disability, some disabled children may not have had the same access to relationship and sex education as their non-disabled peers – they may have been taken out of these lessons, which were considered to be unsuitable or of ‘low value’ to them, in order to spend more time on other learning, for example – and so may not have been given information on topics such as touch and appropriate boundaries. Alternatively, if the content or delivery of those lessons has not been adapted to a disabled or neurodivergent child’s learning style, they may have developed only a limited knowledge of healthy relationships and sex. Either way, children will not be able to communicate about abusive experiences if they do not understand what sexual abuse is.

Children with hearing and/or sight impairments may have fewer opportunities to communicate freely, or may miss or misunderstand social cues. This can limit their opportunities to learn from peers, and can impede the development of friendships and lead to isolation.

Additionally, some disabled children have memory issues, which hamper their ability to communicate about what has happened to them. Children who have challenges with social communication, social interaction or speech often struggle to find the vocabulary, and to use it in coherent sentences, in order to describe their experience: the same issues that make them more vulnerable to abuse also restrict their ability to disclose it, and they may be dependent on those around them to understand and interpret what they are trying to communicate. In contrast, some autistic children have very expressive language skills and intellectual capabilities, which may mask difficulties in understanding, processing and responding to questions – meaning that their communication challenges are not immediately identified.



## 4.4 Barriers based on sex/gender and sexual orientation

All sexually abused children can feel guilt, shame and a sense of responsibility for what has happened. But stereotypical sex/gender roles, common across many cultures, can make it particularly difficult for them to tell anyone that they have been abused. For example, girls may have been conditioned to:

- keep quiet and not speak up if something they do not like is happening to them
- believe that they are to blame if they are sexually abused.

Meanwhile, boys who are sexually abused may:

- feel shame or self-doubt, believing that they should have been 'strong enough' to fight off the person abusing them
- feel confused or ashamed if they experienced sexual arousal during the abuse
- fear being labelled as gay, particularly in communities where there is intense homophobia.

Children who are growing up to be lesbian, gay, bisexual or asexual often feel isolated, and any worries or confusion they have about their sexual orientation may be heightened if they are or have been sexually abused. Those who do not feel safe to 'come out' may fear that their sexual orientation will be discovered – or be revealed by the person abusing them – if they tell anyone about their abuse.

Additionally, school-based relationship and sex education may not provide advice on healthy relationships to lesbian, gay, bisexual or asexual children and young people; if this means they do not recognise that they are in an abusive relationship, they will not tell anyone they are being abused.

Children and young people who are gender non-conforming or questioning their gender identity may also be reluctant to talk about sexual matters, including sexual abuse, for reasons including fear of prejudice from their families, their communities and professionals.

If a child has grown up in the context of clearly defined and rigid social and cultural norms around sex, sexuality and gender roles, this is likely to be a very powerful barrier to communication.

### Reflection point

How do gender roles within the communities you work with influence children's willingness to speak out? Are there biases in your practice that may affect your approach to discussing abuse with girls and with boys?

## 4.5 Barriers based on family characteristics, including poverty

Family difficulties can make children particularly vulnerable and affect their ability, opportunity and confidence to talk to adults about their experiences of sexual abuse.

Where a child lives in a family where **one parent abuses the other parent**, they may be living in fear of the abusive parent, and may be scared to tell anyone about their abuse for fear of what may happen to them or their family. They may try to maintain secrecy about their situation, becoming isolated as a result.

If a **parent has mental health difficulties**, their capacity to recognise their children's emotional needs may be impaired. In addition, children may not want to tell the parent what is worrying them for fear of exacerbating the parent's difficulties.

**Parental alcohol or substance misuse** may leave children exposed to inappropriate adults and behaviour, deprived of physical or emotional care, and isolated from their friends through shame, embarrassment or poor school attendance. Parents may struggle to recognise their children's emotional needs, and children may not want to tell the parent anything that may exacerbate their difficulties.

A **parent with a learning disability** may have an impaired ability to understand what is happening to their child; additionally, the family may be experiencing harassment and abuse, and the child may not feel able to talk to their parents for fear that this will put pressure on them.

**Children who have caring responsibilities** for adults in their family may find it hard to tell the parent they care for about their abuse, because of concerns about who will provide care in the future and not wanting to further burden the parent.

Where there are **existing concerns about child neglect, emotional or physical abuse** in the family, professionals may find it harder to focus on other concerns that may exist. Additionally, neglected children are less likely to come into regular and routine contact with professionals (because of missed health appointments, not attending school/nursery and not being part of extra-curricular activities). Because they are seen less frequently by those professionals, the signs and indicators of sexual abuse are less likely to be picked up and a child has less opportunity to tell anyone about their abuse.

Social and structural exclusion, often caused by **poverty** or **class**, also reduces opportunities for children to engage with others and seek support. For example, children who are socially excluded may not have access to education about healthy sexual relationships, and may not have been taught how to recognise someone's behaviour as abusive. They may also not have had opportunities to build trusting relationships with safe adults in whom they can confide, and from whom they can get support. You should be aware, however, that children in financially secure families are also vulnerable to sexual abuse and face barriers to telling about it.

You should also bear in mind that a child's relationship with their family – including their ability to tell family members about sexual abuse – is likely to have been affected by that abuse. The person who has abused the child may have disrupted the child's relationship with their non-abusing parent(s), so that the child no longer trusts the parent(s) and/or fears that the parent(s) will not believe them. And if the person abusing the child is their parent, they may have acted to isolate the child from any siblings by showing favouritism to the abused child, creating a barrier of resentment which makes it harder for the child to confide in the siblings.

## 4.6 How barriers can intersect

Children may face inequality and discrimination as a result of any of the individual characteristics described above – but many are subject to overlapping, concurrent forms of oppression which compound their experiences. It is important to consider how some people are subject to many different forms of discrimination and oppression, and that this experience is more than the sum of its parts, causing cumulative impact.

*“I’m from an Arab Muslim family and the abuse took place at home (my biological father). The stigma, taboo and shame involved in exposing my family was unbearable due to my upbringing. In my home country, if a girl has any sexual contact prior to marriage it is considered acceptable to kill her to avoid bringing shame on the family.” – member of the Victims and Survivors Forum set up by the Independent Inquiry into Child Sexual Abuse. (2)*

### Example

Tia is a 15-year-old girl with a learning disability, living in a Traveller community. Tia is lesbian. She has been sexually abused by her uncle for three years.

What barriers may Tia face in talking about her abuse?

Tia is **15 years old**; we know that children rarely talk about their sexual abuse.

**Traveller communities** are often ‘closed communities’; members of these communities experience additional barriers to disclosure, particularly around separate support and justice systems, restricted access to external support services, and children’s limited opportunities to learn about sexual development and healthy relationships (see above).

As a child with a **learning disability** in a closed community, Tia may have less access to services, which often fail to reach out to disabled children in marginalised groups, compounding a sense of isolation.

Professionals from outside the Traveller community may have preconceived ideas about how Tia will behave and present, meaning that they discount behaviours and other signs which they might attribute to sexual abuse in other children. For example, if she behaves in a highly sexualised manner towards adults, they may assume that she is doing this because of her culture and/or her disability.

Research suggests that **girls** from Traveller communities rarely talk about sexual abuse, as sexual activity outside marriage can be considered to make them ‘impure’ and no longer suitable for marriage.

Tia is **lesbian**; many people in Traveller communities hide their sexuality for fear of rejection by their family and/or the community.

As you can see, Tia faces a number of connected barriers to talking about sexual abuse.

- For more information about the Traveller community, see the [Traveller Movement](#)  website.

# Part B. Developing your confidence

Once you have noticed that something isn't right for a child, asking them about it is one of the most powerful things you can do to give them the confidence to communicate with you. The following chapters will help you understand the process by which the child may tell you about the abuse they are experiencing, and the key skills you need to help them do so.

# Understanding telling as a process

To help children communicate what is happening to them, you need to understand the different ways in which they may tell someone about their abuse (verbal and non-verbal), and your role in supporting this process. This chapter will help you do so.

It's important to recognise that 'telling' will look very different for each child and may not happen in a way you expect. For many children, the only way they are able to tell is through their behaviour or through other non-verbal means.

## 5.1 What prompts a child to start telling?

When a child first communicates about their experience of sexual abuse, this may be spontaneous (i.e. unprompted), perhaps following their recognition over time that they have been abused. It may be triggered by a lesson in school, a TV programme or an escalation of the abuse. A child's need or wish to tell may build over time until they cannot contain the secret any longer, and they may tell because they believe that their siblings or other children are also at risk of abuse. In other situations, a child may tell accidentally.

If a child wants to tell about their abuse, they need to choose who they will tell. The likelihood of telling a particular person will depend on:

- how that person behaves towards them generally
- whether they have a trusting and reliable relationship with that person
- whether they have the opportunity to tell, or are asked
- whether they feel they will be believed.

Alternatively, a child's communication about their abuse may not be spontaneous. It may occur only when prompted during a medical examination, a child protection inquiry or assessment of their needs, an interview or a therapeutic session, for example – or when someone notices that something may be wrong and asks about it.

**Noticing the signs and indicators that a child is being sexually abused, and giving the child the opportunity to talk to you, are therefore key to ensuring their safety and wellbeing.**

*"I feel angry because... sometimes, it's hard to explain – it would make you feel angry because when all this is happening and someone doesn't really take any notice and you should always make people feel like they're noticed. It makes me angry that they didn't notice this before." – 12-year-old girl. (1)*

Even if a child is able to give a verbal account, the impact of trauma on recall means that the detail they provide may be vague or absent, as they may not be able to recall specific information or have the language to verbalise their experience. There may be only partial information, details may or may not change over time, and some details may be entirely missing when a child communicates through behaviours or other signals.

## 5.2 Who do children tell?

If children are able to communicate about the child sexual abuse they have experienced, they most commonly turn to family or friends before telling professionals.

Younger children are more likely to confide in a parent or family member, while adolescents are more likely to talk to a friend or peer; friends play a significant role in recognising when children and young people are struggling, and in listening to them talk about sexual abuse. Among adolescents who experience child sexual abuse and tell anyone about it, some research studies have found, up to a third tell only their peers.

*“They were really good, the friends that stuck by me. There was one girl – I don’t know how she put up with me, one day I could scream at her, shout at her, cry at her, laugh at her and she’d still be there. She wouldn’t say much but she’d sit there and she’d listen to me.” – 17-year-old girl. (1)*

Research has found that adolescents speak to their peers about sexual abuse while talking about their respective psychological difficulties.

While a child telling a peer about their sexual abuse may ask for it to be kept a secret, the peer may of course recognise the need for that child to be protected – so may decide to inform a professional of what they have been told.

### Telling professionals

If children want to tell someone outside their friends and family about their abuse, they may do so by showing signs or acting in ways that they hope will be noticed and reacted to by a friendly, approachable and caring professional with whom they have built a trusting and trusted relationship. If you are that person, they want you to ask them how they are doing and tell them you are listening, so they have an opportunity to have an open dialogue.

Whatever your profession, the way in which you respond to children throughout the process of telling – from the very first signals they may give out (such as changes in mood or behaviour) through to their active attempts to tell you about what is happening for them – will determine whether they feel you will listen to them, believe them, and can be trusted. If you give the impression that you find what they are wanting to tell you difficult to hear, this is likely to stop them continuing.

**Appendix 1 contains advice on educating children about what to do if a friend or peer says they are being sexually abused.**



## 5.3 What does 'telling' look like?

A child's communication about their experience of sexual abuse is best understood as a 'process', influenced by the characteristics and qualities of relationships in the child's life, which may evolve over an extended period of time.

### An ongoing process

A child rarely tells everything about their abuse in one go. They may move from unintentional and indirect methods of telling, such as behavioural manifestations, through to more direct means, such as purposefully or accidentally telling someone what is happening.

### 'Containing the secret'

A framework of disclosure, developed by clinical psychologist and psychotherapist Rosaleen McElvaney, has conceptualised this process as 'containing the secret'. The process involves three key dynamics, whereby children:

1. actively withhold the secret (for fear of the consequences of telling)
2. are torn between needing to tell (to make the abuse stop and to get support) and wanting to keep the secret (for fear of the consequences of telling) – the 'pressure cooker effect'
3. confide in the context of a trusting relationship.

To be able to support children empathically, respectfully and patiently through their journey, you need to understand the emotional struggle of the second dynamic, while recognising that these three dynamics are not universal to all children; additionally, you should remember that some children may not recognise their experiences as abuse, have the language to communicate what is happening to them, or be able to communicate verbally with others.

### A two-way process

*"There were so many times when I thought about telling someone but it was just like, how do you bring it up? How do you just walk into a room and go to someone, 'oh by the way this happened'?" – 18-year-old woman recalling her experiences of child sexual abuse. (1)*

Some professionals think that a child's communication with them is a one-way process, in which it is the child's responsibility to tell them what is going on and there is nothing that can be done unless there is a verbal disclosure. This is incorrect, and it is a core responsibility of professionals to notice the signs of abuse and support children to tell.

A child's decision to tell someone is best understood as a process influenced by their relationships and interactions with others: children need help to communicate, and you are as integral to the process as the child themselves.

**Remember, it is not a child's responsibility to safeguard themselves; if you have any concerns about a child, it is your duty to act on them.**

Children have identified that their experience of talking to someone about sexual abuse was positive when:

- they were believed
- some action was taken to protect them
- they received emotional support.

# 6

## What skills do you need?

As Chapter 3 noted, people who work with children sometimes worry about how to communicate with them about sexual abuse. However, you are likely to have the necessary skills and attributes already. Think about how you talk to children about other difficult things, how you put them at ease when they seem worried, how you ask them about what is happening for them when you notice a change in their behaviour; these are likely to be very similar to the ways in which you can communicate about sexual abuse.

The important thing, as when talking with a child about any concerns you have about them, is to put them at ease and ensure that you respond effectively to anything they say or do. Children are likely to be encouraged by actions indicating that you have noticed them and have heard what they are telling you.

This chapter outlines some of the skills required to do this, focusing on:

- self-awareness
- cultural competency
- relationship-building
- empathy
- honesty
- responsiveness
- reassurance
- clarity.



## 6.1 Self-awareness

When working with children who may have been sexually abused, it is important to explore how your own thoughts and feelings will affect your response to the abuse. Self-awareness is important so that you can offer unconditional support to the child, and remain as unbiased as possible when talking to them.

As a professional, you will bring your own history, experiences and values to your work. For example, you may have personal values around what constitutes normal sexual behaviour and what are appropriate boundaries within the home. You should accept that your experiences of working with child sexual abuse may challenge your core beliefs.

### Reflection point

Think for a minute about the messages you received about sex – from your family, community, religious institutions and peers – when you were growing up. Was it talked about openly? Something to be ashamed of? Never discussed?

What do those messages mean to you now? How might they affect how you talk to a child who is experiencing sexual abuse?

What is your own attitude to sex? Do you hold certain views that will make it difficult for you to engage with this child and their family?

What are your community, cultural and religious beliefs and values about children? Families? Abuse? Sexual abuse? These will influence your response to child sexual abuse.

Do you hold any prejudice or stereotypical views against those who commit sexual offences against children – and, if so, will they affect your professional response?

You should also try to be aware of other influences on your thinking. It is hard not to be affected by media stereotypes of sexual abuse, such as what people who sexually abuse children look like (in terms of their sex, ethnicity and age), their socioeconomic status and how they behave. You may also have formed an impression of who the victims of child sexual abuse are and how they may behave. It is important to challenge your own preconceptions and remember that any child can be a victim of sexual abuse.

### Reflection point

Think for a minute or two about the image that comes into your head when asked to think about a person who sexually abuses children – who do you see? What do they look like? This image may be based on your own experiences, or it may be based on a stereotype of what such people look like.

Now think about a victim – who do you see?

How might your perception of who abuses children affect your practice and your ability to recognise sexual abuse in a range of environments?

## 6.2 Cultural competency

Culturally competent professionals are able to understand, communicate with and effectively interact with people from different cultures – and to challenge cultural attitudes and behaviours, where appropriate, from a position of understanding. Cultural competency requires empathy with cultural differences including values, beliefs and feelings, as well as knowledge of different cultural practices and worldviews.

Professionals who lack cultural competency may tend to treat people from different cultures and communities as part of a homogenous group instead of as individuals. They may feel they lack the knowledge to challenge what may be seen as ‘traditional’ attitudes and behaviour – and in cases where there is conflict between the law and a culture that is unfamiliar to them, they may wrongly prioritise cultural norms.

It is also important to note, though, that minority ethnic communities in England and Wales are subject to waves of migration, and so cultures and cultural attitudes/behaviours/norms are not static.

### Reflection point

How do you respond when working with someone from a cultural background which is unfamiliar to you?

How are you going to learn about this culture? Who are you going to speak to? What else do you need from your employer?

## 6.3 Relationship-building

The ability to establish a rapport with a child is one of the most critical skills for effective communication and is often underrated. Taking the time for this cannot be underestimated, as it is where the basis of trust is formed.

However, you should explore your worries with a child, or respond if they tell you something, even if you feel you don’t yet have an established relationship with them. Get to know the child as much as possible in the time you have, even if this is limited, and try to understand their lived experiences. Demonstrate that you are reliable, consistent and warm, and that you are listening to them.

How you try to develop a rapport will depend on the child’s age and developmental stage, but you might ask them what they enjoy (e.g. favourite food, TV programme, pizza topping) or take a toy or game to introduce to them. It is important that this interaction is as reciprocal as possible, so you may want to tell the child a little about yourself too – but remember to share only information you are comfortable sharing, and nothing of a personal nature.

Think about the child’s religion, culture, sex, sexual orientation, feelings about gender, and any disability or neurodivergence, and how to acknowledge and value these aspects of their identity. And if they have experienced discrimination in the past, consider how this will affect their response to you.

## 6.4 Empathy

Empathy is a way of connecting with others and shows them you know they're experiencing something—even if you don't know exactly how it feels to them. Empathy says: "I want you to know you're not alone. And I want to understand how this feels to you." This is a really useful message to convey to a child when you are talking about sexual abuse, as it tells them you are not making assumptions about them.

To demonstrate empathy to a child, it is important that you listen to them without judgement. You may think you know how they are feeling, but let them tell you. Some useful questions to ask *yourself* are:

- "What more do I need to know about what's going on here?"
- "What else do I need to learn about how the child is seeing or reacting to what's going on here?"
- "How am I reacting in the moment? What do I need to do to let the child know I'm listening?"

## 6.5 Honesty

Many children are skilled at picking up on dishonesty or disingenuity, so it is important to be as honest and genuine as possible. Tell them what you are going to do with any information they share with you – and if you are not able to do this, tell them why. Small steps can reassure them that you have understood their circumstances.

## 6.6 Responsiveness

All children are different and will communicate in different ways (depending on their personality, experiences, age, stage of development, and any disability/neurodivergence), so it is important that you remain responsive to this. They may prefer to draw, play, move around when talking, communicate through puppets, write letters, talk in the car, use sign language, use their computer or mobile phone and a great many other things.

Try to allow the child to communicate in whatever way they feel most comfortable, and don't make assumptions about this; sometimes older children like to communicate through play as much as younger children do.

## 6.7 Reassurance

If the child talks to you, provide them with reassurance both verbally and through your body language. Try to ensure that your verbal reassurance does not suggest to the child that they are giving you the 'right' answer, though: utterances such as "Uh-huh" and "Mmm" are preferable to statements such as "Yes" or "That's good".

## 6.8 Clarity

Misunderstandings in communication may not be corrected by children, especially younger children, so it is helpful to use phrases such as "If I get something wrong, you tell me," or "Sometimes I get muddled up, so please tell me if I do."

Avoid guessing or supposing what the child might have said. If their words are unintelligible or ambiguous, ask the child to repeat the words and make a note to clarify them later.

## Adapting to the needs of the individual child

In addition to creating a safe and trusting space (see Chapter 6), you need to understand how best to support communication with the child based on their age and other characteristics.

How a child communicates is determined largely by their age and developmental trajectory; younger children naturally use far less verbal communication than teenagers, for example. However, children within the same age group still communicate in a range of different ways – some out of preference, others because of communication needs around language, cultural context or disability/neurodivergence.

A child may be more adept at speaking and listening than reading and writing, or vice versa; or they may be more competent in listening than in speaking. This is important to bear in mind when considering whether and what language support might be necessary.

Key facts to establish as soon as possible are:

- Does the child use spoken language? If not, is this because of their age, a disability/neurodivergence, or some other reason? What communication method do they use? Who around the child can understand this method, and what form of facilitation is available?
- Is the child's first language English? If not, what is their first language? Do they use any other languages? Do they prefer to communicate about personal or complex issues in their first language?
- If the child's first language is not English, does that language contain the words to communicate about child sexual abuse? And will the child feel comfortable using these words?
- Does the child have a speech and language therapist or other professional who can support them and/or you with understanding communication?

The sections below explore how a child's background and characteristics influence the approach you should take to communicating with them.

**You may also find it useful to read the CSA Centre's guide *Taking Account of Diversity* [↗](#) within the Child Sexual Abuse Response Pathway.**

## 7.1 The child's age

### 0–2 years

If you have concerns that a baby or toddler may be being sexually abused, it is vital to be aware of non-verbal signs of sexual abuse. Ensure that you record all concerning non-verbal and behavioural features – including those that may indicate types of harm other than sexual abuse. (Remember that many children experience more than one type of harm.) And if the child does communicate with you verbally, be sure to record carefully the exact words they use.

**The CSA Centre's [Signs and Indicators Template](#)  contains advice on recognising non-verbal signs of abuse.**

While you may say very little to the child at this age, it is important to remember that they may understand words or phrases that you may not expect them to – so you need to be aware of the language you use when around them.

If the child has learnt to communicate their thoughts and feelings through words, gestures or basic sign language, try to understand how they communicate, and the meaning of the words, gestures or signs they use – remembering that these may have different meanings for different children. Developing a catalogue of communication used by the child will help you (and anyone else) to communicate with them as effectively as possible. Ask people who know them, most likely their parents (where you are sure they are not involved in the sexual abuse), how they communicate. Some questions that may be useful to ask are:

- How does the child communicate distress?
- How do they communicate happiness?
- How do they make a request (for a drink, food etc)?
- Are there any particular words they understand?
- Do they use any spoken words yet?
- If they are using spoken words, is the meaning clear?
- Do they use any form of sign language?
- Do they use any other strategies for communicating?

By the age of two, a child may be able to string some words together. At this age, any loss of acquired language should be noted as a potential cause for concern, as it may indicate that the child has experienced a trauma. While other hypotheses should be borne in mind, it is important to consider whether the child may be experiencing sexual abuse, especially if there are any other signs or indicators too.

You can find out more about child development in [Appendix 2](#).

In communicating with such a young child, you are particularly likely to be talking to their parents too. [Section 11.5](#) contains advice about this.

### 3–5 years

You may be communicating verbally with children of this age, typically alongside non-verbal communication such as drawing and game-playing. You may want to consider:

- using toy telephones, puppets, dolls, dolls houses etc – this can help you to gain an understanding of the child’s lived experiences, including their life at home and their key relationships
- using play dough to mould shapes, build scenes etc – this can help set the scene for the child to talk to you
- using puppets to explain professional roles – this may help the child to identify a person they can talk to about their worries, and help to dispel any beliefs they may have about particular roles (e.g. that the police will come only if you have done something bad).

It is important to show the child that you are listening: this may involve making eye contact, tilting your head, positioning yourself beside them or saying things such as “Uh-huh” in response to what they tell you. But remember that some children may struggle with eye contact; they may prefer you to talk to them while playing a game, for example. We often think children looking away is a sign of disengagement or lack of interest, but this is very often not the case.

Most children in this age group can recall experiences from several months earlier relatively freely, but they need questions from an adult to be able to do so. They perform better with specific questions such as ‘who’, ‘what’ and ‘where’ (which are typically understood first, by approximately three years of age) than with open-ended questions – and are more likely to respond inaccurately to suggestive questions (“Was it Daddy who touched you?”), multiple-choice questions (“Was the car red or blue?”) and yes/no questions. They tend to provide briefer answers than older children do, and when asked developmentally inappropriate questions (e.g. “How many times did this happen?” “Maybe twice?”) they may resort to guessing.

You may not get an answer to a question from a child of this age, and they should not feel that you *expect* them to give an answer. Furthermore, be prepared for them to answer in a way you don’t expect: if they do not understand the question, they may answer with a single word, or unintelligibly, or by showing rather than telling.

Above all, remember that children’s ability to understand and use language is at an early stage of development at this age, and that children develop this ability at different speeds. Many children in this age group are more able to communicate if they show as well as tell – for example, by:

- nodding or shaking their head
- pointing and gesturing
- drawing, or using drawings provided
- interacting with toys or small world figures
- indicating and demonstrating with their hands, mouths or whole bodies.

## 6–9 years

Working with children of this age, you may use play to initiate discussions. As with younger children (see above), you may want to consider using toys such as telephones, play-dough and puppets.

It is usually helpful to start with more open questions – but if these become confusing for the child, you might want to ask more direct questions.

Be careful not to assume that the child understands all the language they are using, as children may repeat and experiment with language they do not necessarily understand.

As with younger children (see above), you should take care to show the child that you are listening (e.g. by making eye contact, tilting your head, positioning yourself beside them or saying, “Uh-huh”), while remembering that some children may struggle with eye contact.

## 10–15 years

As children develop into and through adolescence, their understanding and use of language naturally develops. It is important to remember, however, that teenagers may often appear more knowledgeable or aware than they are. It is important not to assume knowledge or to forget about the techniques you would use when engaging with a younger child.

Some children in this age group may value the opportunity to play a game or do a drawing at the same time as talking to an adult, and some will appreciate an arrangement (such as travelling together in a car) that means they don't have to make eye contact with you. The child may want to communicate with you in ways they are familiar with, such as through video calling, messaging or using voice notes. Again, though, don't assume they'll want to do this – talk to the child and find out what communication style works for them.

Talking to children in this age group, you may have cause to ask them direct questions about specific concerns such as self-harm or drug and alcohol use. It is usually helpful to start with more open questions, but there are occasions when you might want to ask more direct questions.

When talking to older children and teenagers about child sexual abuse, it is important to consider that the abuse may have been going on for a long time, and they may have been led to believe that they were in a relationship with the person who abused them. This is possible for younger children too, but as children grow up their exposure to different influences increases.

Some teenagers may assume that you know everything that has happened, and that you will make judgements about this. You should remind them that you will listen to them and that you want to help. Be honest and offer reassurance.

**Chapter 12 contains advice on asking about self-harm and harmful sexual behaviour.**

## 16–18 years

The same communication principles should apply with these young people as with younger teenagers (see above) – but as they approach adulthood, their sense of independence is developing and honesty from professionals may feel even more important to them. If you are concerned about their behaviour, you may choose to use questions such as:

- “I have noticed you seem upset at the moment, tell me about that.”
- “Has anything been happening to you which you did not like and is hard to talk about?”
- “I have noticed you doing X, I am worried about that and wonder what it is about?”
- “I have noticed you drinking more recently. I wonder how that feels for you?”
- “Is there anyone you can talk to about how you are feeling?”

## 7.2 Ethnicity, culture and religion

Building trust and rapport is essential when working with anyone affected by child sexual abuse, especially if they are from a population that has historically received poor responses from agencies and services. It is important to be aware how you and your organisation may be perceived by children from ethnic and cultural backgrounds different from your own; despite your best intentions, you may not be trusted right away.

If you are White, and White British in particular, you may be perceived by children and parents from other ethnic backgrounds as being part of an oppressive system. (Be aware, though, that some children and parents from minority ethnic backgrounds may want to receive support from people and organisations outside their own community, if they have concerns about others in the community finding out about the abuse.)

You may need to challenge your own assumptions and viewpoints when providing support to children from ethnic and cultural backgrounds different from your own. Try to:

- understand the child’s situation within their home, and their and their parent(s)’ situation within their community
- be led by their needs, asking them what they need from you rather than telling them what you will do
- make sure that you are seeing them as an individual with their own unique needs and characteristics, and that your responses and actions are tailored to them as an individual rather than a representative of a broader and potentially stereotyped community.

Be aware that fears of being accused of racism can prevent professionals from effectively safeguarding children; it is important to keep the child’s needs and safety paramount at all times when responding to concerns of child sexual abuse.

Bear in mind, though, that your idea of safety may differ from the child's. For example, children from immigrant, refugee or minority ethnic backgrounds may have experienced environments where their physical and emotional safety was compromised, whether in their home countries or in the UK. This can influence their perceptions of safety when interacting with authorities, especially if they have faced experiences of discrimination, mistrust of authority, or fear of deportation. In these contexts, the idea of 'safe' spaces or 'safe' people can drastically differ from the understanding of safety in mainstream Western contexts.

When talking to a child from a community where strong religious beliefs are common, consider how your own beliefs and views on religion/faith/spirituality may affect how you engage with them. It's important to be keenly attentive to their values and beliefs.

Even if the child's parent(s) do not attend a place of worship, they may still adhere to religious beliefs and observances. Parents' faith may affect the way they raise their children and their family relationships, so you should find out about this and consider how to take it into account.

Understanding and responding to cultural nuances is vital when working with children from diverse backgrounds, so you can create a reassuring environment where the child feels their culture, their emotional needs and their need for protection are all respected.

### Overcoming language barriers

If you are working with a child whose first spoken language is not English, bear in mind that they may face particular difficulties in talking about sexual abuse (see section 4.1). It's important to gather some basic information before you talk to them:

- As early as possible, establish what language the child prefers to use when communicating about personal or complex issues, and arrange professional interpretation services accordingly.<sup>1</sup> If they are reluctant to use an interpreter, try to find out why. Girls may be uncomfortable speaking through a male interpreter, as may boys who have been sexually abused by a male. The child may also have concerns around confidentiality, especially if they are from a small and close-knit community. For more information and advice on using a professional interpreter, see [Appendix 3](#).
- Avoid having family members, neighbours or friends interpreting for or speaking on behalf of the child.
- In an informal, initial conversation with the child, don't be afraid to make use of technology – Google Translate isn't perfect, but it works fairly well in a situation where you need to communicate with the child before it is possible to appoint an interpreter.

Whatever language you use in your conversation with the child, it's useful to:

- ask the child to say back to you what they think you have said; this will show whether they have really understood what you were trying to tell them
- ask them whether they have understood what you are saying – but be aware that they may reply 'yes' because they don't want to be embarrassed or they fear negative consequences of admitting that they don't understand.

This is important even if you are talking to them in their first language, since you are wanting to test their understanding of not just the words you use but also the concepts of child sexual abuse that you are talking about.

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1. It is important to know the difference between interpreters and translators. **Interpreters** facilitate **oral communication**, converting spoken language from one language to another in real time. **Translators** work with **written text**, translating documents, reports, or written messages from one language to another; they are less likely to be skilled in real-time, spoken communication.

### 7.3 Disability, neurodivergence and other health conditions/needs

When communicating with a child who is disabled or neurodivergent, bear in mind that a number of other professionals are likely to have been involved in their life, and the child's experiences of this may not have been positive. Take the time to build their trust in you.

Whatever disability or neurodivergence a child has, and whatever communication needs they have as a result, it's vital that you do your very best to communicate directly with the child. If at all possible, do not rely on other people to communicate with you on their behalf.

#### **Addressing communication needs**

It is important not to assume that all disabled or neurodivergent children have additional communication needs. Where a child does have a physical disability or neurodivergent condition which makes communication difficult, and/or has a learning disability, find out about their preferred communication methods in advance of your conversation – this information will be in their communication passport if they have one, or you might ask any safe adult who knows the child (such as a speech and language therapist). You should also observe and listen to the child during the conversation, taking the time to understand what will help them to engage with you.

If the child does not use spoken language (because of a disability, a neurodivergent condition or another cause such as anxiety-related difficulties), it's important to know the form of communication they do use. If they use any form of sign language or technology-assisted communication process, find out whether this is widely used (e.g. British Sign Language or Makaton) or has been developed by the child or their family.



If you need to communicate with the child through an intermediary, ideally this should not be a member of their family, and you should have a preparatory discussion with them before your conversation with the child (as you would with an interpreter when working with a child who prefers to communicate orally in another language) – see **Appendix 3** for advice on what you should discuss.

In terms of how you communicate with the child, you may find the following actions useful during the conversation:

- Use the child's name when you want to speak to them.
- Speak slowly, and limit the number of words you use.
- Use ordinary words, avoiding ambiguity and jargon, and check the child's understanding. Do not use figurative language, rhetorical questions, idioms or exaggeration, as the child may take these literally.
- Use visual supports such as symbols and timetables, if appropriate.
- Break down information into manageable chunks, and split complex tasks into simpler parts.
- Pause between words and phrases – this gives the child time to process what you've said and gives them an opportunity to think of a response. The child may need longer to process a traumatic memory, so allow them time for this.
- Try not to rely on non-verbal communication such as eye contact, facial expressions, gestures and body language.

## Reflection point

Reflect on your experiences of communicating with children who have communication needs as a result of disability or neurodivergence. What challenges have you faced?

What changes, if any, do you need to make to your practice in order to apply the above ideas, so that every child can communicate their needs and experiences? What support might you need to do so?

## 7.4 Sexual orientation and gender identity

It is important to remember that any child or young person you're working with could be lesbian, gay, or bisexual, whether or not they have told you about their sexual orientation. Similarly, they may be questioning their gender identity or identifying as transgender. Avoid making assumptions about the child, and focus on creating a safe and trusting space.

If they do confide in you about their sexual orientation or gender identity, be clear that you accept them and want to support them.

It may feel particularly uncomfortable for them to be asked very personal, intimate or intrusive questions – so ask whether it's OK to ask, and respect the answer. Think about how you might feel if you were asked something deeply personal about yourself.

# Part C. Supporting children to communicate with you

Whether a child is spontaneously confiding in you for the first time or you are following up on concerns you have had, initial conversations with a child about sexual abuse can feel challenging – you need to put the child at ease and demonstrate that you are worthy of their trust, while at the same time asking appropriate questions, being attentive to their behaviour and keeping an accurate record.

# Before you start



Sometimes you will have the opportunity to prepare for a conversation with a child who may be being or has been sexually abused; at other times, a child may approach you without warning. It is important to know the key actions you will need to take, in relation to:

- deciding who will speak to the child
- selecting the location and time
- considering the child's understanding of sexual abuse
- thinking about how the child will be feeling.

Please remember, however, that a child may start to communicate with you about sexual abuse spontaneously, and you can and should engage with them even if you don't feel you have had time to prepare. Remember the core message at the start of this guide: if you listen to the child (however they are communicating) and are authentic and honest in your responses, it is very unlikely that you will get it wrong.

## 8.1 Decide who will speak to the child

The choice of professional to communicate with a child will depend on the context of the communication.

If a child **spontaneously tells** a professional that they are being or have been sexually abused, they have already identified that professional as the person they feel safest with; regardless of any organisational policies or procedures, there should be no attempt to get the child to speak to anyone else initially. While it may be necessary for other professionals to speak to the child later (when a social worker or police officer needs to talk to the child as part of an investigation, for example), every attempt should be made to limit the number of people the child is asked to talk to.

If **a child has told someone else** (such as a friend) that they are being abused, and that person has informed you of this, you need to decide who will talk to the child – this may well be you (as the first professional to have been informed) or your designated safeguarding lead, but it must be a professional with whom the child has a trusting relationship. Even if the information provided by the third party is enough for you to contact the police or children's services immediately, you or a colleague will need to talk to the child to find out whether they are currently safe and what actions may need to be taken.

If **you have concerns** about a child, you are probably the professional best placed to speak to them about these concerns. There may be times when concerns need to be shared, and your organisation's safeguarding policy will outline what happens in these situations. However, if you have noticed changes in the child's behaviour or anything else that has given you cause for concern, it is important that you speak with the child – by showing them that it is you who has noticed things, you are helping to build their trust in you.

## Professionals who do not have an existing relationship with the child

If you are a police officer, social worker or health worker, you may be communicating with a child who has not met you before. In that case, you should bear in mind the following:

- However the **police** come into contact with a child, the initial contact is central in building the child's confidence to talk about their experiences. Children want the police to act with sensitivity and respect, not judge them, positively engage them in making decisions, and keep them informed.
- Some children have no concept of what a **social worker** is, and may be distressed if someone outside their family asks to speak to them alone. Before speaking to a child, take as much time as you can to understand the context in which the child's family lives.

**You can find more advice in our guide [Police Make a Single-agency Visit to the Child/family, or a Joint Visit with Children's Social Care](#), part of the Child Sexual Abuse Response Pathway.**

Whatever your role, you will need to spend some time (after the initial conversation, if necessary) finding out about how the child communicates. Ask the safe adults who know the child well for information on how best to communicate with the child.

## 8.2 Select the location and time for the conversation

If you have little or no opportunity to prepare for the conversation, don't worry about that: do not put it off because you feel unprepared, as it might be the only time the child feels able to communicate.

However much time you have to prepare, try to ensure it takes place with as much privacy as possible for the child:

- Think about what you know about the child – do they prefer to communicate while taking part in an activity such as walking? Some children find it easier to engage when they are not expected to look at an adult.
- If the child uses any communication aids, ensure these are available and accessible to them wherever you choose to speak to them.
- If meeting indoors, try to choose a room that is familiar to the child – but if the abuse has been carried out in the family home, consider using an alternative venue. Ensure the room is warm, comfortable and quiet; bear in mind that some children's ability to process information may be reduced if they are in a noisy or crowded space.
- Think about who else will be present, and speak to the child alone if possible. It is important that the person suspected of abusing them is not present or close by.
- Try to ensure that you will be physically on the same level as the child – for example, by squatting or sitting down on the floor or a low table. If the child uses any communication aids, you will need to position yourself so you are both able to see them.
- Think about the environment of the meeting space, including how you and the child will be positioned. Will the child be able to leave the room easily if they want to? If they lip-read, consider where the light in the room is and position yourself accordingly. Your positioning will also be important if they have a visual impairment or reduced mobility.
- Have a drink and a snack available where possible and appropriate.

If you have time to prepare, think too about when is best to speak to the child:

- If you have the opportunity to speak to them at different times of day, think about how they function at those times. Do they get tired after lunch or in the afternoon, for example? If so, consider speaking to them earlier in the day. This may be especially important for children who use communication aids, or whose first language is not the language in which you communicate with them, as they may find conversations more tiring.
- If your time with the child is relatively short but regular (such as during a sport or leisure activity session), you may want to speak with them early in the session so they will not need to stay behind or leave immediately after your conversation.
- If you are only going to be with the child for a short period of time (as part of a medical appointment, for example), think about scheduling a double appointment. If this isn't possible and your initial conversation with them will need to be brief, think about when you will next be able to see the child, and work out a plan with them during the conversation to establish when you will next speak to them and where they can get support in the meantime.

### 8.3 Consider the child's understanding of sexual abuse

For a child to tell someone that something wrong is happening to them, they first need to understand that this is the case. Young children, or those who have received limited information from adults and peers about safe relationships, sexual behaviour and sexual development, may not know that what they are experiencing is abusive – they may be in pain, or know instinctively that something is wrong, but they don't fully understand it. Older children who are being sexually exploited outside the family may also struggle to identify that what is happening to them is abusive.

It is therefore important to understand what the child already knows about sex, healthy sexual relationships, sexual development, abuse, boundaries etc. This is not to imply that the abuse is the child's fault or their responsibility, but to recognise the grooming process and the lack of education around relationships and sex that some children receive. Do you know whether there has been any opportunity for the child to learn about this in other settings (e.g. in school)? If you believe there hasn't, consider whether you can provide some education as part of your conversation, perhaps as a precursor to exploring any concerns you have.

### 8.4 Think about how the child will be feeling

We know there are many reasons why children don't talk about sexual abuse, including concerns about what will happen if they do tell someone. These barriers are detailed in Chapter 4.

Before you talk to the child, ask yourself:

- "What might be stopping this child telling me what is going on?"
- "What might they be worried about telling me?"
- "What else do I need to learn in order to fully understand these barriers?"
- "Can I help the child overcome these barriers – and if so, how?"
- "What additional support might the child need?"
- "Who can I seek advice from?"

Remember that the child is likely to be anxious or worried, particularly if they are in an unfamiliar place and/or around unfamiliar people. If you are having to meet somewhere that the child does not know well, such as a place in their school where they rarely go, spend a minute or two at the beginning of the conversation telling them a little about the space, including who else is around.

# 9

## Supportive actions during the conversation

The initial conversation with a child who may have been sexually abused is crucial – the child won't necessarily tell you what has happened to them (or communicate any more about it than they have already), but you can lay the foundations for future conversations. This chapter provides advice on:

- being aware of your body language
- starting the conversation
- being attuned to the child's needs and giving them time
- accepting and validating what the child says.

Do not expect a child to provide a clear and consistent narrative, or to maintain this narrative across multiple conversations (not necessarily all of which will be or have been with you). Many adults cannot remember details of experiences – even positive ones – when recalling them, so children cannot be expected to do so, especially if the experience was traumatic.

### 9.1 Be aware of your body language

Much of your communication takes place through your body language, so during the conversation it is important to ensure that your body is communicating the same messages as your words: that you have time for the child, and that you are comfortable. Take a few quiet, deep breaths.

Some children will need to be able to see your mouth when you are speaking; others will feel more comfortable if you are not looking at them. If the child has a communication passport, this will give you lots of useful information to help ensure you can support their communication. If they don't have one, you can ask a safe adult to give you some suggestions on things you need to think about.

### 9.2 Use cues to start the conversation – or let the child take the lead

If the conversation has been arranged by you because of concerns about the child's behaviour, think about the following when conducting the conversation:

- It can be useful to use cues (such as the child's behaviour, or undisputed facts) as a starting point.
- Notice what the child is doing and **comment** on it: "I notice that..." This is particularly helpful with younger children, who rely heavily on non-verbal communication ("You are pointing...").
- While it is important to communicate to the child that you have noticed any changes in their behaviour or signs of distress, take care not to **assume** what these may mean in terms of the child's thoughts or feelings (by saying, "You seem sad," for example). Making assumptions is problematic, not least because they may be incorrect.

If the child has initiated the conversation or you are talking to a child who has previously begun telling (you or someone else) that they have been abused, it's important to take the following actions:

- Establish the child as the expert from the outset of the conversation, and ensure that your verbal and non-verbal communication conveys that. Don't use complex language in their presence (even if it is not directed at them), and avoid interrupting or correcting them.
- Let the child know that you will not push, prod or coerce them into giving information, and that it is acceptable for them not to answer your questions. Make it clear that they do not have to tell you anything.

### 9.3 Be attuned to the child's needs

The child may not tell you how they are feeling during this conversation, or indeed during any subsequent conversations. Nonetheless, it is important to give them opportunities to let you know, and continue to show that you are listening.

Using phrases such as "I am here", "I notice you" and "I see you" are all effective ways in which you can show you are attuned to their needs.

Everyone has own communication needs, preferences, and styles; remember that you will need to adapt your communication style to the child's needs (see Chapter 7). If a child uses a communication aid, you will need to ensure that is easily accessible to them.

### 9.4 Give the child time

Children may need a few seconds, or even minutes, to process questions; this is particularly true for young children, those with learning difficulties (see above) and those whose first language is not the language you are speaking.

If you interrupt the child or ask another question before they have had time to answer your original question, they will feel they are not being listened to.

### 9.5 Accept and validate what the child says

Many studies have identified that, for a variety of reasons, children worry they will not be believed if they tell about their sexual abuse (see Chapter 4).

As children rarely lie about being sexually abused, you should accept what the child says, reflecting this acceptance in your body language.

Do not suggest to them that you want a particular answer, or that the answer they give is right or wrong. Avoid responding with "Right" or "Yes", as these words can imply that the child is giving you the correct answer. Instead, saying "Uh-huh" or "Mmm" or "Go on" shows that you are listening and encourages the child to continue, without making a judgement on their answer.

Take the following approach:

- Stay calm. An overly emotive reaction may reinforce a child's reluctance to communicate with you.
- Accept what the child tells you. This may involve telling the child, "I believe you," although that will depend on your role to some extent. For example, an investigating police officer should not make such an explicit statement.

**For more advice on responding to a child who is telling you that they have been sexually abused, including example conversations, see [Chapter 15](#).**

- Focus on what the child is telling you, without expressing any judgement on their account or their feelings. If they feel that you are judging what they are saying, they may interpret this as disbelief.
- Communicate a clear message that what has happened to the child is not OK and should not have happened. You may want to tell them that what has happened is not their fault, but bear in mind that some children will believe they are to blame (having probably been told this by the person who harmed them); if you say they are not to blame, there is a risk that they will think you do not understand them or their experiences, and may stop talking to you. Rather than simply saying, “It is not your fault,” be prepared to have a discussion with them about why they are not to blame.

If a child says they have been sexually abused, **do not:**

- ask them why they didn’t tell someone sooner
- offer an alternative explanation to the abuse
- suggest that the abuse ‘explains’ something about them – for example, by saying, “Oh, that explains a lot.”

## Example

Samera is 12 and has just told you her father has been sexually abusing her since she was eight years old.

*Samera:* Yes... It’s been happening since I was in little school, in Mrs Higgins’ class.

*You:* Samera, what you have told me is not OK. It should not have happened to you.

*Samera:* [*Shrugs shoulders and looks down.*]

*You:* Sometimes people who hurt children tell them all kinds of things to make the child think they shouldn’t tell anyone.

*Samera:* Mmm.

*You:* This was not your fault. Adults should never do these things to children.

# What you can say and ask about

*“In the country around, we should have things reminding people if they notice something wrong with someone, ask. It doesn’t even have to be like, ‘Are you getting beat up or are you getting sexual abuse?’ It could be ‘is there anything wrong?’ or something like that.” – 10-year-old girl. (1)*

The questions that you can ask during a conversation will depend to some extent on your professional role, the child’s age and the context in which the conversation takes place. When opening up a conversation with a child who is known or suspected to have been sexually abused, it is natural to worry that you might ask leading questions. This chapter guides you through the different categories of question types, and presents findings from research to help you ensure that your questions are appropriate and effective.

A leading (or suggestive) question is one that implies the answer or assumes facts that are likely to be in dispute. ‘Suggestive questioning’ refers to a situation where an adult provides a persistent suggestion or uses their authority (status) inappropriately when asking questions. This can affect the child’s interpretation of the event, and distort their memory of it.

Local safeguarding policies and procedures – along with statutory guidance such as ***Working Together to Safeguard Children*** [↗](#) (on inter-agency working) and the ***Achieving Best Evidence in Criminal Proceedings*** [↗](#) (for those interviewing victims and witnesses, and those supporting them in court) – advise against asking leading or suggestive questions.

Professionals’ concerns about this can lead them to avoid exploring concerns about a child’s abuse altogether – but there is plenty that you *can* ask and say during a conversation.

## 10.1 What questions can you ask?

As Table 1 shows, there is a continuum of question types ranging from very open ‘general invitations’ (“Tell me...”) to biased or suggestive questions where the answer is presupposed by the adult (“He hurt you, didn’t he?”); these are colour-coded from green to red in the table. Research suggests that, as a general principle, we should ask as few questions as possible and make any questions as short and open-ended as we can, so that the child can decide what to focus on. It is also important to avoid topic-hopping (i.e. moving rapidly from one topic to another and back again).

# 10.

**As suggestive questions risk leading to a distortion in the child’s memory, it is important to understand how memory works. **Appendix 4** contains information about children’s memory and the implications for questioning techniques.**

Table 1. Continuum of question types

Open-ended questions (open invitations and directive questions) allow the child to provide a spontaneous response using <i>free recall memory</i> .		
General invitations	Open questions inviting the child to tell in their own words unprompted, encouraging longer answers.  <i>Example:</i> “Tell me about...”	General invitations are thought to give the most accurate responses.  Younger children (particularly under-5s) may struggle with general invitations and need cues or more directive questions to be able to tell.
Cued invitations	Open questions using a cue from the child or undisputed facts.  <i>Example:</i> “You said [...] Tell me more about that.”	The cues need to be undisputed facts or what the child has said (in their own words).  Younger children in particular may need this form of scaffolding to be able to tell.
Open-ended directive questions	‘Who’, ‘what’, ‘when’, ‘where’, ‘how’ questions which invite a narrative.  <i>Example:</i> “Where did that happen?”	These questions can help younger children (particularly 3–5-year-olds) to tell. Ensure that the child can understand the complexity of the question.  Exercise care with ‘why’ questions, as they may induce guilt.
Close-ended questions (closed directive and option-posing questions) aim to find specific information using <i>recognition memory</i> .		
Close-ended directive questions	‘Who’, ‘what’, ‘when’, ‘where’, ‘how’ questions which can be answered in one word or a few words.  <i>Example:</i> “Where did he touch you?”	It is suggested that these questions are paired with open-ended questions.  These questions can become leading – for example, asking “Who else was there?” <i>assumes</i> that another person was present
Option-posing questions	Questions that can be answered “yes” or “no”, or that prompt the child to select from given choices.  <i>Example:</i> “Has anyone touched you on your private parts and made you feel uncomfortable?”	These questions need to be carefully worded. Offering choices that close down a range of other options can be leading, as can asking complex questions that require a yes/no answer. These can cause particular difficulty for younger children.
Suggestively worded questions	Questions that force the response in a specific direction, or use false or unknown information.  <i>Example:</i> “He forced you, didn’t he?”	These questions should be avoided, particularly in situations where concerns are not strong. Suggestions by an adult involving maximum use of authority are particularly troublesome.

## 10.2 What should you avoid asking?

Below are examples of the types of question which have been found to lead children, suggestions on how to avoid this, and examples that you can use when talking to a child.

### a) Questioning that presupposes the answer

**Do not** ask questions (e.g. “Mummy hurt you, didn’t she?”) that presuppose the answer when the child has not indicated or told you anything. Children often think that adults know what has happened, and such questioning can reinforce that idea.

**Do** observe the child and their behaviour, so they can see that you have seen them, and ask questions about what you have seen/understood.

Open-ended questions, such as general invitations to talk, work well. Asking the child about their distress is giving them an opportunity to tell.

Use cues (e.g. what the child is doing, undisputed facts) as a starting point – commenting on the child’s behaviour is particularly helpful with younger children, who rely heavily on non-verbal communication.

**Examples** of things you might say are:

- “Is there anything that you feel unhappy about?”
- “Tell me more about that.”
- “I notice that...”
- “You are pointing...”
- “I can see that you are putting your hand on your private area.”

### b) Questioning that is biased towards a particular answer

**Do not** ask questions (e.g. “Did daddy hurt you?”) containing bias towards one particular response, or ask questions in a biased manner, to prove a hypothesis.

**Do** keep an open mind and avoid bias, even when your suspicions are strong. Use open questions. You do not want to imply that there is a right answer, especially as children may not feel able to correct you.

Take a ‘believing stance’ in your body language and accept what the child says, as this will encourage them to talk more about it. You can reserve judgement about the ‘truth’ or otherwise until you have gathered more information, but during the conversation you should remain supportive of what the child wants to tell you.

**Examples** of things you might say are:

- “Help me understand...”
- “Can you tell me more about that?”
- “I have noticed X and I wonder what might be going on for you at the moment.”
- “I have noticed X and would like to understand more about that.”

### c) Feedback that favours a particular answer

**Do not** react to the child's answer to a question in a way that gives them the impression that you wanted a particular answer, or that the answer they have given is right or wrong.

**Do** give the child space to say more, and avoid jumping to conclusions.

**Examples** of things you might say are "Uh-huh," "Mmm," or "Go on." These show you are listening, and encourage the child to continue.

### d) Inappropriate use of the professional's authority

**Do not** behave (verbally and/or non-verbally) in a way that causes the child to respond to your authority rather than to the question. This includes interrupting, correcting or speaking over the child, and using complex language in their presence (even if it is not directed at them).

Children – especially younger children or some disabled children – may feel that they must accept any implied knowledge that you convey. Maltreated children may be particularly alert to the cues and expectations of adults.

**Do** establish from the outset, through your verbal and non-verbal communication, that the child is the expert on their abuse (and you are not).

**Examples** of things you might say are:

- "I am here to listen to you."
- "If I get something wrong, you tell me."

### e) Repeated probing for an answer or repeating a question

**Do not** repeat the same question more than once, probing for an answer. This is particularly problematic when the question requires a 'yes' or 'no' or 'don't know' answer. The child – especially if they are young or have learning difficulties/disabilities – may come to assume that their first response was inaccurate, and may change their response in an attempt to please you.

**Do** let the child know that you will not push, prod or coerce them into giving information. Make clear that it is acceptable for them not to give an answer.

**Examples** of things you might say are:

- "I think I know what you mean, but just help me understand a bit better."
- "I just want to make sure I understand what you are saying."
- "Help me understand that a bit better."
- "Tell me about that."
- "Show me again."

## f) Expression of the professional's own moral judgement

**Do not** express your own moral judgement on an individual by implying that they have done “bad” or “wrong” things. This can particularly affect younger children who may be more ‘keen to please’ and susceptible to taking on the views of adults around them. You can say that what has happened to the child is not OK, though.

**Do** remain unbiased but not indifferent.

## g) Questioning that is inappropriate for the child's developmental level

**Do not** ask inappropriately long or complex questions – for example, instead of “I wonder if you can remember where you were when this happened?”, simply ask, “Where were you?”

Children who do not know the meaning of a question or a particular word may arbitrarily answer “yes” or “no” if they think that they should, or that this is what you expect. Children have less developed and less effective methods of coping with misunderstandings.

**Do** adapt your language to the child's developmental level, and continually check their understanding if you are unsure. Children, and especially younger children, are unlikely to correct misunderstandings. Explain that it is fine for them to say they do not know or do not understand.

Avoid guessing or supposing what the child might have said. If a word is unintelligible, ask the child to repeat it and make a note to clarify it later.

**Examples** of things you might say are:

- “If I get something wrong, you tell me.”
- “Sometimes I get muddled up, so you must tell me if I do.”

For examples of lines of questioning and communication that you can adopt when talking to children in specific situations, see [Part D](#).



# Ending the conversation and next steps

However productive your conversation with the child is, you need to know how to bring it to a close and what to do next. The following sections will help you to.

- know when to stop asking questions
- balance confidentiality and safeguarding responsibilities
- end the conversation while ‘keeping the door open’
- make a record
- talk to the child’s parent(s).

## 11.1 Know when to stop asking questions

During the first conversation with a child, your primary concern is to ensure their safety and wellbeing. Consequently, you should ask enough questions to ascertain whether the child is currently safe. Once you have done this, you can move carefully towards the end of your conversation – but be careful not to shut the child down when they are speaking. And check that they do not want to continue:

- “Is there anything else you want to tell me?”
- “Is there anything about what you have told me that you don’t think I have understood?”

## 11.2 Seek the child’s wishes, and let them know your next steps

While there will be things you may need to do following this conversation (such as reporting to your safeguarding lead or children’s social care), it is important to ask the child what they hope/fear will happen next. This will enable you to address these expectations.

You may not be able to fulfil the child’s wishes, and you must be honest about that, but this should not stop you from asking. Some questions that may be useful are:

- “What is it like for you to talk about this?”
- “Is there anything else you are worried about?”
- “Is there anything making you feel unsafe at the moment?”
- “How can I help you feel safe?”
- “Is there anyone else you are worried about?”

It is important that you then tell the child what you are going to do next, and explain the process to them as much as you are able.

You should ensure that the child knows what is happening at every step, and is kept involved and informed. This is critical in ensuring they feel listened to.

## Confidentiality and safeguarding

It can be difficult to navigate the fine line between respecting the child's confidentiality and meeting your safeguarding responsibilities: how do you ensure the child is safe while protecting the trust they have in you?

While this can present a challenge, it is important to remain open, honest and transparent about the actions you will need to take, while acknowledging the child's worries and finding ways of addressing these. By involving the child in conversations about your actions, you can mitigate against jeopardising their trust.

In situations where you need to use an interpreter, be mindful that the child and their family may be concerned that the interpreter will not maintain their confidentiality. You may need to spend some time exploring this with the child, their family and the interpreter. It may be useful to be very explicit about the interpreter's professional responsibility, and possibly to give the child and their family a contract detailing this.

### 11.3 Keep the door open for further conversation

Ending a conversation can be difficult, especially when a child is talking about sexual abuse. It is important to end it in a way that lets them know they can come back to you, such as by saying:

- "I am now going to do X, we will talk again, and you can come back to me whenever I am around. If I am not around, you can talk to Y."
- "It is right that you have spoken to me about your worries – I will do what I can to help you."

Communicating an invitation to the child, and allowing them to come to you another time if they wish, is valuable. You can follow this invitation up later, which will help the child to see that you have kept them in mind and may encourage them to communicate further with you.

Remember to think about your availability for future conversations, and when you will next see the child. If you are unlikely to see them again for a few days (because you are going on leave, for example, or you do not see them very often), think about who else might be around for the child to go to in your absence if they want to, and agree this with the child before ending the conversation.

### 11.4 Make a record

Depending on your profession, there may be a professional body which provides specific guidance on how written recordings of the conversation should be made.

Clearly record any concerns you have in as much detail as possible, including anything you have observed the child doing or saying. This should not be limited to the conversation you have just had: it is important that your record builds a picture of the context surrounding your concerns as well as the specific details. It may include factual information, observation, patterns you have recognised in the timeline or chronology, and referencing from professional guidance/legislation/training, and you can use your professional judgement to draw links between these.

**The CSA Centre's [Signs and Indicators Template](#)  provides a framework for you to record your concerns.**

Professionals often worry that they shouldn't name their concerns about child sexual abuse in written records unless they have clear evidence. However, while you should distinguish established facts from opinions, your professional judgement is extremely important in building the picture of what may be happening in the child's life, and so should be recorded.

## Accurate recording of the child's words

If the child has spoken to you, it is important that you record, as soon as possible, what the child has said **in their own words**. There can be a tendency for professionals to interpret what a child has said, but this should be avoided.

If the child has used ambiguous words or phrases, it is important to record exactly what they have said. It may be that you know the child well and know what they mean by a particular word; in that case, you may record what you understand the word to be, but you must always be clear about what the child actually said.

As well as making a record of the exact words the child has used, it is helpful to note how the child presented, the non-verbal communication they used, and their body language. This is, of course, particularly important when the child has used little or no verbal communication. When recording your observations, be sure to separate what you have observed from your interpretation of it. Once you have noted your observation, you can add any commentary as a separate but connected note. It may be useful to note what you have observed in relation to:

- changes in the level of motor activity you notice when talking about different topics – for example, are there particular words, phrases or topics that seem to cause the child to move around more, seem to fidget, move their fingers, shift in their chair etc?
- clarity of the child's speech
- changes in the speed or type of their speech when the topic being discussed changes
- their use of unusual or idiosyncratic words
- any unusual changes in their mood
- signs of emotions, and emotional responses, when particular topics are raised.

You are not expected to interpret these behaviours, but noting them may be useful to other professionals who need to speak to the child at a later stage: the more information you can give, the more likely it is that the child will think any further conversations feel supportive.

## 11.5 Talk to the child's parent(s)

In addition to communicating with the child, you are likely (especially in the case of very young children) to be communicating with their parent(s) too. You should bear in mind the possibility that one or both parents are involved in abusing the child, so remember to continue liaising with your safeguarding officer throughout any communication you are having – but do not *assume* that the parents are involved or complicit unless you have been told explicitly that they are. If parents do not react to the identification of abuse in an 'expected' way, for example, some professionals wrongly interpret this as a sign that they knew of or were involved in the abuse.

**For more information about talking to parents, including in situations where English is not their first language, see the CSA Centre's guide [Supporting Parents and Carers](#). The guide also describes the different ways in which parents may react when concerns are raised about the sexual abuse of their child, and explains why they may react in those ways.**

# Part D. Conversations in different contexts

If you are communicating with a child about sexual abuse, this may be because:

- you have concerns that they are being or have been sexually abused – these concerns may be prompted by their behaviour, something in their history, something they have said, or the discovery of evidence of abuse
- you are supporting them during or following a police investigation into concerns of sexual abuse, or following a police decision not to investigate such concerns.

See the next page for details of the contexts covered in this part of the guide.

This final part of the guide covers conversations aimed at supporting a child to communicate when:

- **they have displayed concerning behaviour or other possible signs of sexual abuse**
- **there are concerns about someone around the child (e.g. because their parent has been arrested for a sexual offence)**
- **the child's case file suggests they have been sexually abused**
- **they are telling you (or have recently told you or someone else) that they have been, or are being, sexually abused**
- **sexual images of the child have been discovered.**

Example conversations are provided for each of these scenarios, based on the advice provided in Parts B and C of this guide.

Also covered here are conversations aimed at providing ongoing support to a child where:

- **a police investigation into sexual abuse of the child is ongoing**
- **a police investigation has not been pursued or has not resulted in a conviction.**

If you are reading this guide with a particular child or situation in mind, it is likely that you will be especially interested in one or two of the contexts above. Please do keep in mind, however, that the material in the following chapters builds on the information given earlier in this guide, so do please read Parts A–C as well. For example, if you want to start a conversation with a child because you are worried about their behaviour, it is important to understand the barriers they might face in communicating with you, the process of telling, key actions in your initial communication, and questions you might want to avoid.

**While the following chapters offer advice on communicating with a child in specific contexts, we suggest that you also read the initial sections of our Child Sexual Abuse Response Pathway, which outline other actions to take if:**

- **you have concerns that a child is being or has been sexually abused** 
- **a child tells you they are being or have been sexually abused** 
- **images of child sexual abuse have been discovered** 
- **someone tells you that a child is being or has been sexually abused** 

# When the child has displayed concerning behaviour or other possible signs of sexual abuse

This chapter contains advice on communicating with a child about whom you have concerns, perhaps as a result of a change in their behaviour or presentation. They may have recently become unusually quiet and withdrawn, started to bully other children, displayed sexualised behaviour, or showed signs of distress or other signs which could indicate sexual abuse.

*“I was at college at the time and I actually eventually told my college tutor and he was absolutely amazing. He noticed something was wrong, I don’t know how because he didn’t really know me [...] he just took me to one side one day and just said, ‘Is everything okay?’ I just remember thinking, ‘Oh my gosh how does he know?’” – 19-year-old woman recalling her experiences of child sexual abuse. (1)*

**It is important to note that these signs may indicate a number of problems other than or in addition to sexual abuse.**

## 12.1 What is the purpose of your conversation?

At this stage you may have already looked at our ‘signs and indicators’ template to help you make sense of your concerns. Whatever the reason for your concerns, you are likely to want to talk to the child – ‘opening a door’ for them to talk to you about how they are feeling, whether they have any worries (whether related to sexual abuse or not), and how you can best support them.

**The CSA Centre’s [Signs and Indicators Template](#)  provides a framework for you to record your concerns about the child.**

Children who have been sexually abused for some time may have learned to keep things to themselves, so it becomes harder and harder for them to tell. Equally, the child may be extremely worried about what will happen if they tell, and this worry may be stronger than their fear of the abuse continuing. Consequently, the child needs to understand the purpose of talking to you, and what will happen if they say something to you. What will happen if they do talk to you will depend on their situation, but you need to make clear (while respecting that they may not want to tell you anything) that they can talk to you if they want to. It may be helpful to share the message that *“You don’t have to talk to me about anything you don’t want to share. If that changes at any time, I am here and will listen to you and believe you.”*

**How you approach the conversation will depend on the child’s age, their communication needs, their understanding of sexual abuse, and other factors – see [Chapter 7](#) and [section 8.3](#).**

## 12.2 What you can say to the child

The words you use will be guided by the conversation, but at this stage you may not need to ask any direct questions; you are instead looking to open a door for further communication. For example, you may say:

- “I have noticed you don’t seem yourself at the moment.”
- “I have noticed you crying.”
- “I notice you are very quiet at the moment.”

“I have noticed...” statements are useful in demonstrating to the child that you are thinking about them and holding them in mind. They may or may not respond to you at this point, and you should not expect a response. However, you may want to say more to open up a conversation, by saying things like:

- “Help me understand.”
- “Can you tell me more about that?”
- “I have noticed X and I wonder what might be going on for you at the moment.”
- “I have noticed X and would like to understand more about that.”

### **A graduated approach**

Using slightly more directive statements or questions as the conversation develops is known as a graduated approach. For example, you may say:

- “I have noticed X and I wonder what might be going on for you.”

If the child does not say anything in response, it may be helpful to notice another behaviour you may have seen:

- “I’ve also noticed that you don’t seem to want to go home very much.”

Again, if the child doesn’t respond, it may be helpful for you to show you are aware of some of the challenges faced by children:

- “Sometimes, things happen to children in families that make it very hard for children to talk.”

The child may still not respond to you. That is OK, as children rarely tell adults what is happening for them during one conversation; their decision to tell an adult is likely to occur over time as they feel no longer able to contain their feelings. Consequently, it is important to end the conversation by communicating an invitation to talk again, through statements such as:

- “I am around on Monday and Tuesday next week, if you want to talk to me about anything, I will be available then.”
- “I’ll come and visit you again next week and we can talk again.”

## Avoiding the 'why' question

'Why' questions are problematic because they can sound blaming to the child, who may interpret them as accusatory. If you want to understand why they don't want to go home or why they seem scared of their father, you can instead ask them what it is that worries them about that. For example:

- "What worries you most about going home?"
- "What worries you most about your mum finding out we have spoken?"

Figures 1 and 2 illustrate how taking a graduated approach and avoiding the 'why?' question can prevent a conversation with a child from being shut down.

### *Figure 1. Different approaches to a conversation, and their effects*

*Adam is 14 years old and has a diagnosis of cerebral palsy. He lives at home with his mother and father.*

*Adam uses limited verbal communication. He is a pupil in the school where you work as a teaching assistant, supporting him on a 1:1 basis during lessons.*

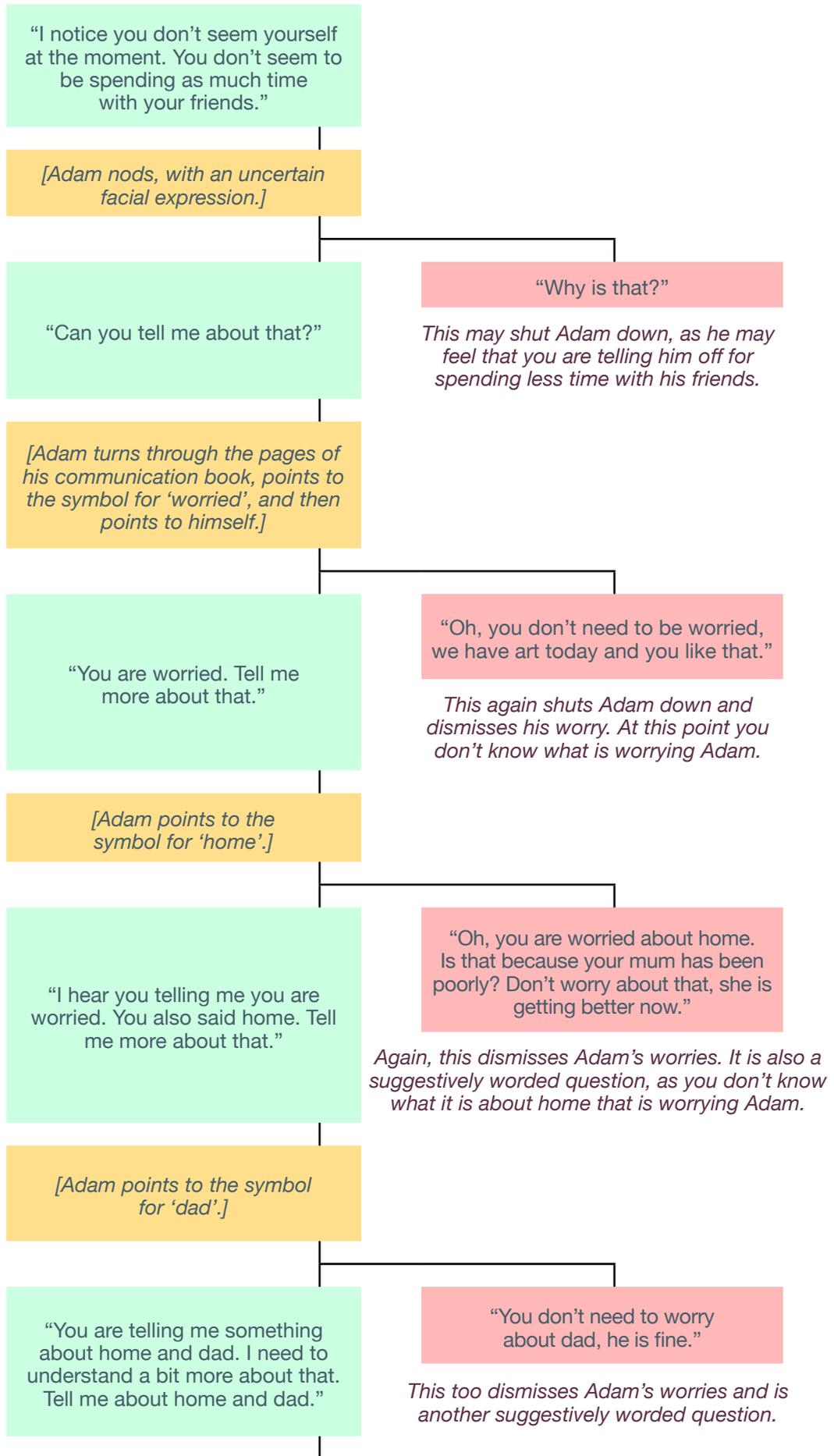
*Adam is able to ask to go to the toilet, and is physically assisted to go to the bathroom. However, you have recently noticed that he is struggling to regulate his bladder and is often unable to make it to the toilet on time; this is unusual for him. You have also noticed that he seems to have withdrawn from some of his friends. You are worried because one of his friends has just told you that Adam has tried to hit him. Adam seems to be struggling to regulate his emotions. This is very unusual for him.*

*You know that Adam's mother has been unwell recently and has had some periods of hospitalisation. His father has been struggling to meet Adam's needs while also working full-time.*

*Adam communicates using an A4-size communication book which contains hundreds of symbols. He can reliably point to symbols in his book to communicate single words and, occasionally, some short sentences. He can nod his head to communicate 'yes' and will shake his head for 'no'. When he wants to use a symbol that isn't in his book, he is able to point to a 'No symbol' icon, to let people know that he doesn't have that particular word. Adam sometimes needs time to process his feelings, and may avoid eye contact during that time.*

*Alongside the school's designated safeguarding lead and Adam's speech & language therapist, you develop a plan for asking Adam about the changes you have noticed in his behaviour. You decide to speak to him in the speech & language therapist's office, as Adam spends quite a bit of time there and appears to enjoy the space. You sit at right angles to him around a table, so you can both see each other and his communication book.*

**Chapter 10 contains more information about problematic questioning approaches, and effective alternatives.**



[Adam points to himself and then points to the symbol for 'hurt'.]

"I think you are telling me you hurt. Have I understood you?"

"Oh, *you* are hurt. I thought you were telling me your dad was hurt."

*While it is important to clarify what Adam is saying, this approach may give Adam the message that he has said something wrong or that he has confused you.*

[Adam nods.]

"Can you tell me more about that?"

"Who has hurt you?"

*While it is important to clarify what Adam is saying, at this point you don't know that he was hurt by a person – it is possible that he has hurt someone else, or he may have hurt himself or been hurt in an accident.*

[Adam points to the 'dad' symbol again, then points to 'hurt' and to himself. He looks down and is visibly upset. After a few minutes, he shows you the symbol for 'scared' and points again to himself.]

"I hear you telling me you are scared. I want to be sure you are safe and I don't want you to feel scared. I am going to Mrs Jas and think about how best to help you not feel scared. Is that OK?"

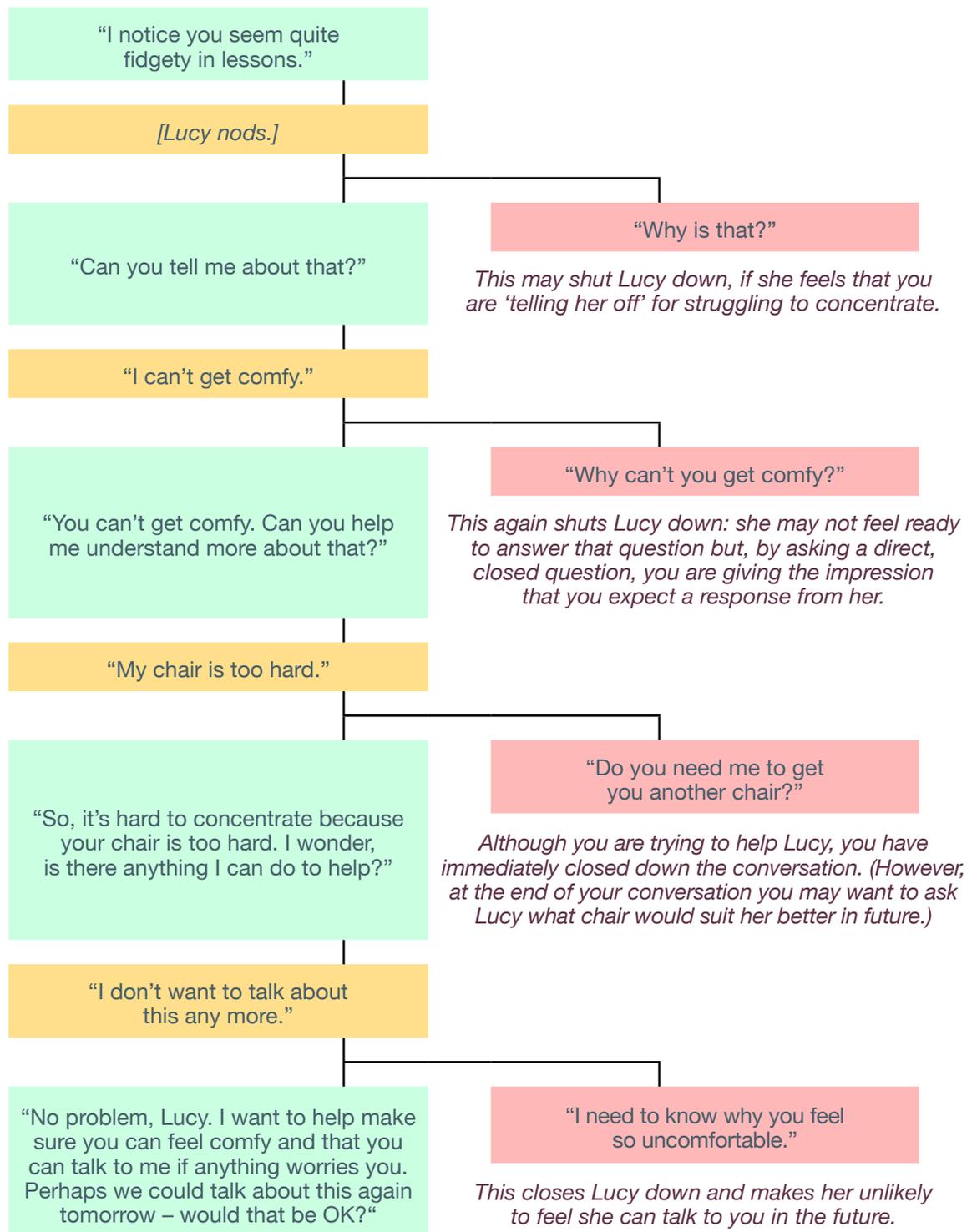
[Adam nods.]

## Figure 2. Different approaches to a conversation, and their effects

Lucy, a seven-year-old girl in your class, is unusually quiet at the moment; she seems distracted in lessons, and recently you have noticed her moving around a lot in her chair during lessons. You are worried about Lucy. You want to speak to her to let her know you are worried and give her the opportunity to talk to you.

You have invited Lucy into your office and ensured that no other children are around. You have a glass of water, some paper and some pencils on the table.

You start off by saying, "I have noticed you seem quiet at the moment, Lucy." Lucy doesn't say anything; she looks down at the table. You say, "Those pencils are there for you if you would like to do some drawing."



## When the child has displayed problematic behaviour

If the child you are concerned about has displayed **harmful sexual behaviour**, you may want to ask them questions such as:

- “I’ve noticed you doing X. Some people have different words for this – I wonder what you call it?”
- “I’ve noticed you doing X. I am interested in whether you have seen this somewhere?”
- “I noticed you doing X. Do you want to tell me about that?”
- “I have noticed you doing X. I am interested to know if you have heard about this anywhere?”

If you have noticed that the child is **self-harming**, you are likely to want to ask them about the reasons for this. How you do so will depend on the context, but you may want to use comments or questions such as:

- “I notice you hurting yourself...”
- “I notice you hurting yourself, I don’t want you to be hurt. Is there anything you would like to talk to me about?”
- “I notice you have hurt yourself. Do you want to tell me about that?”
- “How does it feel to you?”
- “Have you seen anyone else do this?”
- “Has anything happened that has made you feel that you want to hurt yourself?”
- “I notice you have hurt yourself. Some people do this if they have been hurt by other people. Is there anything you want to talk to me about?”

## Reflection point

After your conversation with the child, think about what they have just told you and how that may or may not have changed your level of concern. Remember:

- If the child has told you something that you think clearly indicates sexual abuse, you will need to follow your safeguarding procedures. **Chapter 15** contains advice on conducting a conversation in which a child is telling about their abuse.
- Clearly and accurately record your conversations with the child (see **section 11.4**). Use their own language and record your professional view.
- Think about what you will say to the child’s parents (see **section 11.5**).
- Think about what support you need in order to support the child.
- If the child hasn’t told you anything which clearly indicates sexual abuse, but you have opened the door to communication, think about what you may need to consider next time you speak to them.

Think about whether you have given the child enough opportunities to communicate with you. Remember, it is not the child’s responsibility to talk to you; it is *your* responsibility to give the child an *opportunity* to communicate with you, either verbally or through their behaviour, and to help them feel safe enough to do so.

# 13.

How you approach the conversation will depend on the child's age, their communication needs, their understanding of sexual abuse, and other factors – see Chapter 7 and section 8.3.

## When you are concerned about someone in the child's family environment

This chapter contains advice on communicating with a child when you are concerned about someone around them. Your concerns may relate to another child/young person or an adult, and may have arisen because of their behaviour, or because you know they have sexually harmed another child.

### 13.1 What is the purpose of your conversation?

In a situation where you know that a child has been sexually abused by someone who lives in the family home (for example by a sibling or a parent), or by someone who is in close contact with them (such as a close family friend or part of the extended family), you will need to ensure that each of their (other) siblings has every opportunity to communicate if they too have been harmed.

The way you approach this conversation will depend on a number of factors, including each child's age, their knowledge about what has happened to their sibling, and their ability to understand what has happened. Remember that many children *show* rather than *tell* that something is happening to them; if the child is very young or significantly lacking in understanding, you will need to pay even more attention to the possible signs and indicators of abuse that they may display.

If the child is able to understand what has happened to their sibling, they will want the opportunity to talk to someone about that, and about whether they themselves have been harmed.

Similarly, if a family member has been arrested for sexual offences (whether online or offline) involving children outside the family home, you will want to talk to every child in the family to see whether the family member has sexually abused them too.

### 13.2 What can you say to the child(ren)?

*“Amy feels that had she been provided more information regarding her father's previous offending, and at an earlier stage, she would have been better equipped to identify the similarities in his behaviour.” – extract from a local child safeguarding practice review relating to intra-familial child sexual abuse. (3)*

Whenever information comes to light which indicates that there are concerns about someone in the family (adult or young person), or that they have a previous allegation or conviction (spent or unspent) for any type of sexual offending, this should lead to a multi-agency strategy discussion, which involves an up-to-date assessment of risk, how that risk will be managed, and when this should next be reviewed. During this discussion, there should be an agreement about who is the best person to speak to the child(ren) in the family and how this should be facilitated.

If a child doesn't already know about the allegation or conviction and the potential risks posed by the person of concern, the way in which this information is shared with them will depend on:

- their age and developmental stage, including any significant recent or upcoming events in their life (e.g. exams)
- their capacity to manage that information
- the amount of contact they have with the person of concern
- their relationship with that person
- their non-abusing parent(s)' capacity to support them in managing the information, and to understand their needs as they develop.

**For more information about what should happen in a multi-agency strategy discussion, see [A Multi-Agency Strategy Discussion Is Held](#), part of the Child Sexual Abuse Response Pathway.**

If it is decided that you are the best person to speak to the child(ren), you should:

- be as honest as possible about what has happened – if you don't tell the child(ren) this, in an appropriate way, they are likely to imagine possible scenarios which may be worse than the reality
- be mindful of the details you share about other children who have been harmed; they may not want anyone else to know what has happened to them
- speak to the non-abusing parent(s) to agree a narrative which is as close to a true reflection as possible without being unnecessarily traumatic. Where you are certain that the parent(s) have not been involved in the sexual abuse, try to speak to the child alongside the parent(s) so they can support their child when you are not there.
- separate the person of concern from their behaviour – it is important not to assume how the child(ren) will feel about them

The child(ren) may ask you direct questions; at other times, they may be too stunned or confused to ask you anything. Be sure not to lie to them or to make things up.

Equally, however, what you tell them – and the exact words and phrases you use – will of course depend on the specific circumstances and the child's age, developmental stage and needs. Information will not be helpful to a child who cannot understand and process it.

For example, the message you want to communicate may be "Some of the adults around you are worried because your dad has done something that has hurt another child. I want to make sure you are safe and to ask if there is anything that is worrying you, or anything you would like to tell me". For most children, you will need to break this up into smaller parts and allow the child time to process and ask questions about each of the things you say. Some children will need this message simplified and other children will need more detail. If the child uses communication aids, you may need to develop a story board, using their communication aid, to communicate the message.

For advice on how much information to give to the child, you can call the Stop It Now! helpline on 0808 1000 900.

## Example

Layla is 12 years old. You are the social worker newly allocated to support Layla and her family, as her 15-year-old brother has recently disclosed that their father has been sexually abusing him since he was 5 years old. Layla knows her brother has told his school that their dad has hurt him.

You have met Layla a couple of times and have discussed your plan for this conversation with your manager, and in the multi-agency strategy discussion that was called to discuss the initial concerns.

You: Hi Layla, I would like to have a chat with you about your dad.

Layla: OK.

You: I know that your brother has spoken to his teacher and has told them that your dad has been hurting him.

Layla: *[Looks down and nods.]*

You: I want to understand what that is like for you?

Layla: I don't know. It feels weird.

You: It feels weird, can you tell me more about that?

Layla: I don't want Jack to be hurt but I love my Dad.

You: I hear you telling me it feels weird and that you don't want Jack to be hurt but you love your dad.

Layla: Yeah.

You: I would like to help you think about this some more, if you would like. I would like to help things to feel less weird. I also need to make sure you are safe. So I would like to ask you a couple of questions. Is that OK?

Layla: Yeah.

You: Thank you, Layla. If there is anything you don't understand, or anything you don't want to answer, you can tell me. Is that OK?

Layla: OK.

You: Can you tell me if you have ever been hurt by anyone in your home?

Layla: *[Looks down and then nods slowly.]*

You: I can see you nodding, can you tell me about that?

Layla: Dad.

You: Dad.

Layla: Hmm *[nodding]*. He does those things to me too.

## Reflection point

After your conversation with the child, think about what they have just told you and how that may or may not have changed your level of concern. Remember:

- If the child has told you something that you think clearly indicates sexual abuse, you will need to follow your safeguarding procedures. **Chapter 15** contains advice on conducting a conversation in which a child is telling about their abuse.
- Clearly and accurately record your conversations with the child (see **section 11.4**). Use their own language and record your professional view.
- Think about what you will say to the child's parents (see **section 11.5**).
- Think about what support you need in order to support the child.
- If the child hasn't told you anything which clearly indicates sexual abuse, but you have opened the door to communication, think about what you may need to consider next time you speak to them.
- Think about whether you have given the child enough opportunities to communicate with you. Remember, it is not the child's responsibility to talk to you; it is *your* responsibility to give the child an *opportunity* to communicate with you, either verbally or through their behaviour, and to help them feel safe enough to do so.



# 14.

## When the child's case file suggests they have been sexually abused

This chapter is about communicating with children who are adopted, and those in local authority care, under special guardianship or receiving support from children's social care (on a child protection plan or child in need plan, or possibly in an early help capacity), if there is information in their file that is highly indicative of child sexual abuse but may have never been spoken about.

### Example

Hassan is 16. He has been in foster care since the age of eight, and has had a number of different placements during this time.

Hassan's file refers to concerns that his father was a known Person Posing a Risk to Children (PPRC). It says that Hassan became very withdrawn when he was approximately four years old, and staff at his school noticed he would often sit in the corner of the room in silence. Hassan's first foster carer noticed that he was reluctant to go to sleep and was very afraid of the dark.

When Hassan started senior school, he often got into fights with other children. When he was 12, he locked another boy in the toilet at school and touched the boy's genital area over his clothing. Hassan did not receive any support around this at the time, and nobody has spoken to him about it since.

**How you approach the conversation will depend on the child's age, their communication needs, their understanding of sexual abuse, and other factors – see [Chapter 7](#) and [section 8.3](#).**

### 14.1 What is the purpose of your conversation?

The purpose of talking to the child in this situation is to ensure they have the opportunity to talk about anything they may have experienced, including sexual abuse.

There may be an assumption that they have been given the opportunity to talk about this before – and as more and more professionals are involved in a child's life, it becomes increasingly likely that each one assumes that someone else must have spoken to the child. However, this is rarely the case: all too often, nobody has ever given them the opportunity to tell that they have been sexually abused.

Children who have been sexually abused for some time may have learned to keep things to themselves, so it becomes harder and harder for them to tell. Consequently, the child needs to understand the purpose of talking to you. What will happen if they do talk to you will depend on their situation, but you need to make clear (while respecting that they may not want to tell you anything) that they can talk to you if they want to.

## 14.2 What can you say to the child?

The first thing to do is to assure the child that their file can only be accessed by a small number of people, all of whom will need to have a good reason for accessing it. The child might worry about who has seen this information, so it is important to reassure them as soon as possible.

It is useful to talk to the child about the things in their file that have caused you concern, as this demonstrates that you are thinking about the child and holding them in mind. They may or may not respond to you at this point, and you should not expect a response.

As the conversation develops, consider including more directive statements or questions (a 'graduated approach') – for example, by showing that you are aware of the challenges that may be facing them.

**Chapter 12 contains more information about 'opening a door' for communication and taking a graduated approach.**

### Example

This is how your conversation with Hassan (see above) could go.

- You: I wondered if we could have a chat about something I read in your file.
- Hassan: Why? What have you seen?
- You: Mrs Johnson from your primary school was quite worried that you sometimes seemed quiet when you were in school. And Jo, your foster carer, noticed you didn't always like to go to sleep.
- Hassan: Mmm.
- You: Sometimes children go through difficult things but adults don't always ask them about it.
- Hassan: Mmm.
- You: Sometimes when children have difficulty sleeping at night, it's because something is bothering them. I am wondering whether something was bothering you?
- Hassan: Dunno, might have been.
- You: Mr Lin wrote about a time when you touched another boy in the toilets at school. Often children do things because something is bothering them – it might be good to talk about that sometime.
- Hassan: Dunno.
- You: If you ever want to talk about anything, I am here to listen and I will listen to you.

Hassan may not want to talk to you about anything more at the moment, but that is fine. You have opened a door to communication with him, and will be able to check-in with him at a later time to see if he is feeling ready or able to talk to you.



## Reflection point

After your conversation with the child, think about what they have just told you and how that may or may not have changed your level of concern. Remember:

- If the child has told you something that you think clearly indicates sexual abuse, you will need to follow your safeguarding procedures. **Chapter 15** contains advice on conducting a conversation in which a child is telling about their abuse.
- Clearly and accurately record your conversations with the child (see **section 11.4**). Use their own language and record your professional view.
- Think about what you will say to the child's parents (see **section 11.5**).
- Think about what support you need in order to support the child.
- If the child hasn't told you anything which clearly indicates sexual abuse, but you have opened the door to communication, think about what you may need to consider next time you speak to them.

Think about whether you have given the child enough opportunities to communicate with you. Remember, it is not the child's responsibility to talk to you; it is your responsibility to give the child an opportunity to communicate with you, either verbally or through their behaviour, and to help them feel safe enough to do so.

# When the child is telling you (or has recently told you or someone else) that they are being sexually abused

This chapter applies to situations where a child has told you something that indicates sexual abuse, whether spontaneously or in response to your concerns and questions.

When a child tells someone they have experienced sexual abuse, they can experience heightened feelings of shame and guilt, often further compounded by the negative reactions of others. However, this should not stop you from giving them opportunities to tell (provided you ensure that they and their family receive the necessary support thereafter.)

Confidentiality is important to children, but can be difficult to balance with your safeguarding responsibilities; you may experience a tension around this in your relationship with the child. As it is not possible to maintain confidentiality after they have told you they are being sexually abused, it is important to be honest with them and to explain what information you are going to share with whom.

## 15.1 What is the purpose of your conversation?

When supporting a child who has told you they have been or are being sexually abused, your primary concern is to **ensure the child's safety**.

The types of questions you ask are likely to depend on your role. For example, if you are the first person the child has spoken to (the child's 'trusted adult'), you will need to ask enough questions to establish that the child is safe (or what needs to be done to make them safe) and be able to hand over sufficient detail to your safeguarding lead. If you are the safeguarding lead, you may be speaking to the child after your colleague has already spoken to them.

Children should not be expected to have multiple conversations with different people; while it is sometimes necessary for more than one person to speak to the child at this stage, this should be carefully considered.

## 15.2 What questions can you ask?

Sometimes children choose to tell someone they don't know about their abuse once the opportunity arises (during a health appointment, for example); other children choose to speak to someone they know well.

If the child is talking to you, it is important not to shut them down: they have chosen you to talk to and trust. This can sometimes feel daunting, as you may worry about what else they will say or how you will respond.

Bear in mind that the child may not provide much detail about the abuse during your conversation. You can ask questions such as "Can you tell me more about that?", but it is important not to expect a response.

To ensure the child's safety, you may need to ask them specific questions, particularly questions beginning with 'who', 'what', 'where' and 'when':

- Typical questions might be "Who will be at home when you go home later?" or "Who is picking you up from school today?" – and "Tell me when Simon last came into your bedroom", or "Tell me when that last happened."
- If the child uses ambiguous language (e.g., referring to "my flower") you may need to clarify their meaning. You may say, "Children often use different words to describe things; can you tell me what you mean when you say 'flower'?"
- If the child has told you they have been hurt by someone but hasn't given you enough detail to know who the person is, you may ask, "Can you tell me who that is?"

### Avoiding the 'why' question

Questions beginning with 'why' should be avoided: they can sound blaming to the child and can be interpreted as accusatory. If you want to understand more about the reasons for a child's fear of going home, for example, ask instead: "What is it you are afraid will happen if you go home?"

#### Example 1

Child: He hurts me.

You: He hurts you? Tell me more about that.

Child: Daddy hurts me.

You: Daddy hurts you. Tell me more about that.

Child: He puts his finger in my fairy

You: He puts his finger in your fairy?

Child: Yes, it hurts.

You: You say Daddy puts his finger in your fairy. Where is your fairy?

Child: Down there.

You: Down there?

Child: Uh-huh.

You: You have told me that Daddy hurts you when he puts his finger down there. I need to go and talk to someone else who works here/with me so that we can talk about what you have told me. Is there anything else you would like me to do?

## Example 2

- Child: I don't want to go home, he comes into my bedroom when I'm sleeping.
- You: You don't want to go home. He comes into your bedroom when you are sleeping? Tell me more about that.
- Child: I don't like it.
- You: You don't like it. Can you tell me who comes into your bedroom?
- Child: Simon.
- You: Simon comes into your bedroom when you are sleeping?
- Child: *[Nods head.]*
- You: Tell me more about that.
- Child: He does things.
- You: Simon comes into your bedroom while you are sleeping and does things. Tell me more about that.
- Child: He plays with his willy and touches my bottom.
- You: Simon plays with his willy and touches your bottom.
- Child: *[Nods head.]*
- You: When was the last time Simon touched your bottom?
- Child: Last night.
- You: You have told me that you don't want to go home because Simon comes into your room while you are sleeping and touches your bottom. Thank you for telling me that. Is there anything else you would like to tell me?
- Child: I don't think so. What will happen now?
- You: I am glad you were able to talk to me about this, thank you. I want to find the best way to keep you safe, so I would like to go and talk to someone I work with here. Her name is Fiona and her job is to help to keep children safe and well. How does that sound to you?
- Child: OK.
- You: I will go and talk to Fiona now, but I won't speak to anyone else at the moment. I will come back here as soon as I have spoken to Fiona. Is there anyone you would like to come and wait here with you while I speak to Fiona?

### Example 3

Child: If I ask you something, will you promise not to tell anyone?

You: I'm really pleased you feel you can talk to me. I would only talk to someone else about what you say to me if I really needed to, and I would always tell you I was going to do that.

Child: OK.

You: Are you feeling OK?

Child: *[Shrugs shoulders.]*

You: Is there anything you would like to talk to me about?

Child: He says he loves me but I don't know if that's right.

You: He says he loves you but you don't know if that's right.

Child: Yeah. He says he cares about me but I don't know. He has sex with me all the time. I don't like it.

You: He has sex with you all the time and you don't like it.

Child: I hate it. He hurts me when he does it. He is rough and I don't like it. I hate him.

You: I hear you telling me that someone has sex with you, they hurt you and they are rough with you.

Child: *[Nods head.]*

You: Nobody should do anything that hurts you or that you don't want them to do. I am glad you have told me about this, thank you. I would like to understand a bit more so I can work out how best to keep you safe. Can you tell me any more about who it is that has sex with you and hurts you?

Child: Nigel.

You: Nigel.

Child: Yeah.

You: Talk to me about Nigel.

Child: He lives with us, he's my mum's boyfriend.

You: Nigel is your mum's boyfriend.

Child: Yes. I hate him. He says he loves me but I hate him.

You: I hear you telling me Nigel is your mum's boyfriend and he lives with you. He hurts you and has sex with you. Can you tell me when Nigel last had sex with you?

Child: Last night.

You: Thank you for telling me that. How do you feel now you have told me?

Child: I don't know really.

You: Is there anything else you would like to tell me?

Child: I don't think so.

You: When we first started speaking, you asked if I would tell anyone if you told me something. I said I would only do that if I really needed to. I need to make sure you are safe, so this is one of those times when I really need to talk to someone. I am going to talk to my colleague, her name is Leigh. She works here with me and will help me to make sure you are safe. Once I have spoken to Leigh, I will come straight back and we can chat again – does that sound OK?

## Reflection point

After the conversation, clearly and accurately record your conversations with the child (see [section 11.4](#)). Use their own language and record your professional view.

If the child has told you something that you think clearly indicates sexual abuse, you will need to follow your safeguarding procedures.

Think about what you will say to the child's parents (see [section 11.5](#)).

Think about what support you need in order to support the child.

Talking to children about sexual abuse can be challenging. Think about how you are feeling now. Where can you go to access support? How will you manage your emotional wellbeing, both in and out of work? [Appendix 5](#) contains advice on understanding the impact of working with sexually abused children, and looking after your own wellbeing.

# 16.

## When sexual images of the child have been discovered

If you discover or are shown sexual images (including self-generated images) of a child you know (e.g. as their teacher or sports coach), you will need to talk to your safeguarding lead and discuss making a referral to children's social care and/or the police. Do not copy, save or forward the images – not only can this add to the child's distress, but it is an offence to do so. The only people who should be shown the images are the police, and they can retrieve the device in order to do this.

This chapter is principally about situations where images such as 'selfies' have been discovered; these images themselves do not depict acts of child sexual abuse, but it is the sharing of them that is abusive. If images showing a child being sexually abused have been discovered, there are additional considerations before a conversation with the child should take place – see the guide [\*\*\*When Images of Child Sexual Abuse Have Been Discovered\*\*\*](#)  within the Child Sexual Abuse Response Pathway.

**How you approach the conversation will depend on the child's age, their communication needs, their understanding of sexual abuse, and other factors – see [Chapter 7](#) and [section 8.3](#).**

**The things you say to the child are likely to be similar to those in situations where a child is starting to tell you about the abuse they have experienced – see [Chapter 15](#).**

### 16.1 What is the purpose of your conversation?

In some situations, the child will not know that images of them have been taken, or that these images have been shared online. In these situations, it is advisable to talk with someone who knows the child, to agree how and when to talk to them and the key messages to give them.

The child needs to know that the images have been discovered; if the child is very young and would not understand this information, their parent/carer will need to be informed on their behalf. Once they do know, it is important that professionals find out what has happened to them, because the image may only be part of the story. Providing a supportive response when sexual abuse images come to light can make a crucial difference to the child, both immediately and in the future.



## 16.2 What can you say to the child?

Once images have been discovered, it is important to let the child know that only those directly investigating the case (e.g. the police) will see the images, and to tell them who else will be told what has happened.

You should be open with the child and explain to them what will happen next:

- Reassure them that they are not in trouble.
- Tell them that they are not to blame – explain, in whatever way is appropriate to their age and understanding, that they may have been/are being groomed (e.g. lured into producing or sharing images by someone who presented to them as a friend or someone they could trust).
- They may be concerned about who may see these images now – tell them all that you know, and assure them of the care that will be taken to protect them. Avoid making false promises, as there may be no way to retrieve the images.
- Ask if there is anything that is currently making them feel unsafe, and what would help them feel safer.
- Ask if there is anything else that you can do to help. Don't presume that you know what may be causing them worry, or what may be important to them. Remember that everyone is an individual – something that seems insignificant to you might make a big difference to the child.
- Ask them what they want to happen next. Make sure they have as much control as possible of what happens next, but do not promise anything that is outside your control. Take time to explain what you understand will happen next, and ensure they are kept fully informed of any actions you take.
- If relevant, tell them about the NSPCC's **Report Remove**  tool, which can help young people to remove nude images of themselves from the internet.

# When a police investigation into sexual abuse of the child is ongoing

This chapter provides guidance on talking with children in cases where there is an ongoing police investigation in relation to child sexual abuse.

It is aimed at professionals supporting the child in any capacity (as a teacher of the child, for example, or a community worker supporting the child or their family) while the investigation is ongoing; it does not contain guidance for police officers conducting the investigation.

## 17.1 What is the purpose of your conversation?

The purpose of your conversation at this stage is to ensure the child's wellbeing at what is likely to be a very challenging time for them and their family. The child may want to talk to you about everything that has happened to them, and everything about the investigation – or they may want to talk to you about some things, or not want to talk about it at all at the moment.

It is important for you to follow the child's lead but also to be aware of ways in which you can help them, even if they don't approach you to talk to you.

**If you are the investigating police officer, you can find more information about how best to support the child during your investigation in our [Child Sexual Abuse Response Pathway](#) .**

## 17.2 How can you best support the child?

A criminal investigation can take a long time to conclude, and many professionals think that children cannot be engaged in therapeutic support while an investigation is ongoing. This is not the case, however, and putting things 'on hold' is not in the child's best interests: they should be offered any support that is useful to them, at the time they need it.

Think about what is happening for the child while the police investigation is ongoing, and how you can best offer them support. Here are some examples of things to consider.

- Can adjustments be made to the day-to-day expectations placed on the child? For example, if the child has attended an Achieving Best Evidence (ABE) interview recently, what adjustments might need to be made at school?
- Is the person suspected of having sexually abused the child able to make contact with the child (including online)?
- How is the child managing on a day-to-day basis? Do they need any additional support?
- Who can the child talk to about their worries? Think about having a named person in each of the settings they attend, e.g. school and youth club.

Regardless of how far the investigation has progressed, you should adopt the following approach when talking with the child.

### Provide reassurance

The child will benefit if you reassure them of their safety, as they may fear that the person who abused them will come after them. That person may have created that fear as part of the abuse. It is important that professionals with a safeguarding responsibility ensure that adequate safety plans are in place, and communicate these clearly to the child.

The child may want to talk about what happened constantly or not at all; you should give them the opportunity to do whatever is helpful to them.

### Be attuned to the child's needs

Using phrases such as “I am here for you”, “I notice you” and “I see you” is a very effective way of showing the child that you are attuned to their needs.

### Keep the child informed

The child may worry about who knows their information, so will appreciate having this explained to them. It will also be helpful for you to know how the investigation is progressing, so that you can inform them of this in a way they will understand.

**Throughout the criminal justice process, there is much you can do to improve and maintain the child's welfare. The Child Sexual Abuse Referral Pathway contains information on what you can do to support:**

- [the child's physical health and wellbeing](#) 
- [their emotional health and wellbeing](#) 
- [their relationships with family and friends](#) 
- [their education](#) 

## 17.3 What questions can you ask?

You may worry about how much to say to the child or what you can or can't say while the investigation is ongoing. With regard to the sexual abuse itself:

- If the child chooses to talk to you about aspects of the abuse that they have already reported, you should let them speak, record what they say and pass the record on to the investigating police officer – but do not ask them questions about what they tell you, or comment on it.
- If the child is talking to you about any aspect of the abuse that they have not already reported, you can talk to them about it, following the advice in **[Chapter 10](#)**.
- If you're unsure whether the child is telling you information that they have not previously reported, try to ask the child whether they have already told it to someone else.

It's important to let the child know that you know about the ongoing investigation. And there are lots of things you definitely can and should talk to them about, such as asking them:

- “How are you?”
- “How are you feeling?”
- “How are you sleeping?”
- “How are you eating?”
- “Is there anything I can do to help?”
- “Is there anything you need?”
- “Would you like to talk to someone about how you are feeling?”

## 17.4 Talking to the child's parents

Parents whose child is going through any form of investigation are likely to be experiencing a number of challenges. An investigation carried out by children's social care will consider the whole family, and the parents may feel blamed by the professionals around them; similarly, a criminal investigation can be extremely challenging for families to manage. Some things to think about are:

- Are there any expectations placed on the parent(s) which they may be struggling to meet – and if so, can you offer them any support? This may be as simple as helping them to think about accessing support with daily living tasks. (If the child has been abused by a parent or a parent's partner, the non-abusing parent may be having to take on additional roles – such as household chores or the school run – which the other parent/partner previously performed.)
- Would the parent(s) like support in knowing how to talk to their friends and family about what has happened? In situations where a child has been abused by a parent or a parent's partner, the non-abusing parent is often advised not to talk about what their partner has done; this can lead to feelings of isolation and loneliness. Ask the parent who they would usually turn to for support, and whether they would like any help to talk about what has happened.

Ask the parent(s) the same basic questions (“How are you?” etc – see section 17.3 above) as you ask the child.

**For further advice, see the CSA Centre's guide [Supporting Parents and Carers](#) .**

### Reflection point

Criminal investigations can also be challenging for professionals to navigate; regardless of your role, you are likely to feel an emotional investment in the process. Think about how you can access support and how you can look after your own emotional wellbeing (see [Appendix 5](#)).

# When a police investigation into sexual abuse of the child has not been pursued or has not resulted in a conviction

This chapter is for professionals whose role is to support children outside the criminal justice system. It provides guidance to any professional involved in supporting a child whose case has not been pursued down the criminal justice route or where there has not been a conviction.

**Remember that protective action should continue even if there is no criminal prosecution or conviction.** The two arms of the law (safeguarding/child protection and criminal justice) are independent of each other.

## 18.1 What is the purpose of your conversation?

Most criminal investigations into child sexual abuse do not progress to a conviction. Under these circumstances, the child will need to be reassured that this is not their fault. They may feel that they haven't been believed, and may doubt that the adults around them can be trusted to keep them safe. This is a time when they need consistency, reliability and reassurance.

Your conversations with the child should therefore offer this reassurance and continued support. In the absence of a conviction, a prosecution or even an investigation, there can be a tendency for professionals to believe that the child was not sexually abused – but this is very rarely the case, and it is important to maintain your stance of belief throughout your work with the child.

**The investigation and any legal proceedings are just one part of the child's experience, and should not influence the support offered to the child.**

It is likely that you will also need to reassure the child that they are safe, particularly if the person accused of harming them has been found not guilty in court.

### Reflection point

We know that there is often a tendency for professionals to think that, if there has not been a conviction, the abuse may not have occurred. If the police or the Crown Prosecution Service (CPS) are currently taking no further action in relation to a child or family you are supporting, is this something that has crossed your mind? Have you found yourself wondering whether that means the abuse didn't happen? Or feeling that there is nothing you can do in light of their decision?

It may help to remind yourself that a 'no further action' decision means that there is no police/CPS action at this *time*. It does **not** mean that:

- the abuse didn't happen
- the child has not been believed
- the person suspected of abusing the child does not pose a risk to them or to other children.

It's particularly important to remember that the police case can be reopened if further information comes to light, and that other agencies should continue supporting the child and their family; in fact, this is likely to be the time when the child needs your support the most.

**Remember that, even if a criminal investigation has ended, there is much you can do to improve and maintain the child's welfare. The Child Sexual Abuse Referral Pathway contains information on what you can do to support:**

- [the child's physical health and wellbeing](#)
- [their emotional health and wellbeing](#)
- [their relationships with family and friends](#)
- [their education](#).

## 18.2 What can you say to the child?

Messages that are important to share with the child are:

- “The result does not mean we think the abuse didn't happen.”
- “It is not your fault this outcome happened – you did everything you could.”
- “I will do everything I can to help you and keep you safe.”
- “I will help you get access to any support you need.”

If there has been a decision not to proceed with the case, reassure the child that they are in no way responsible for that decision: explain that the police/CPS have carefully considered all the available evidence, and have concluded that it does not meet the *very high threshold* for charges to be laid under the rules governing criminal trials.

If the CPS has decided not to charge a suspect or proceed with a prosecution, it's important that you do not express any disagreement with that decision. However, you should check that the child and their non-abusing parent(s) know they have the right to ask for a face-to-face meeting with a CPS prosecutor who will explain the reasons for the decision, and to request a review of the decision.

**For more information on this, and on telling the child and their non-abusing parent(s) about the Criminal Injuries Compensation Scheme, see the guide [When Criminal Justice Agencies Are No Longer Involved](#) within the Child Sexual Abuse Response Pathway.**

Remember the questions you can ask the child to establish and ensure their physical and emotional wellbeing:

- “How are you?”
- “How are you feeling?”
- “How are you sleeping?”
- “How are you eating?”
- “Is there anything I can do to help?”
- “Is there anything you need?”
- “Would you like to talk to someone about how you are feeling?”

### 18.3 How can you best support the child?

It is important for you to think about the child's support needs at this time. Ask yourself:

- whether you need to make a referral for therapy or counselling
- what the support needs of the child's family are
- whether any arrangements can be put in place in school to help the child feel safe
- whether you need to make any referrals in relation to the child's physical health (if they are experiencing persistent headaches, stomach aches etc)
- how the child is feeling, and what you can do to help them
- whether the child needs any support in talking to their friends about their experiences.

### 18.4 Talking to the child's parents

If the case has not progressed to a prosecution or resulted in a conviction, the child's parent(s) are likely to experience a range of emotions including relief, guilt, anger, sadness and confusion. Under these circumstances, the parent(s) may question what the child has said, and it is important that you share very similar messages with the parent(s) as you do with their child.

- "The result does not mean the abuse didn't happen."
- "It is not your (or your child's) fault this outcome happened – you both did everything you could."
- "I will do everything I can to help your child safe."
- "I will help you and your child get access to any support you need."
- "Please remember that most child sexual abuse investigations do not result in a conviction. It is really important that you keep sharing the message that you believe your child"

The parent(s) may be scared that the person who abused the child will try to make contact with them or their child. You can speak with the police officer who investigated the case to find out whether any other restrictions have been placed on the person who abused the child. For example, a court may have granted a civil order such as a sexual risk order, which puts particular restrictions on a person who may pose a sexual risk but has no convictions for sexual offences. If this has not happened, remind the parent that they can contact the police if they have any worries about their or their child's safety.

Remember how challenging these situations may be for parents, and ask them the same questions about their physical and emotional wellbeing as you ask their child (see section 18.2 above).

**For further advice, see the CSA Centre's guide [Supporting Parents and Carers](#) .**

As noted above, it's important to ensure that the parent(s) know about their right to request a review of a CPS decision, and about the Criminal Injuries Compensation Scheme – again, see section 18.2.

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# Appendix 1. How should young people respond if a friend or peer tells them about sexual abuse?

It is important to educate young people on how to respond if a friend or peer says they have experienced sexual abuse. This should help them to feel more confident in hearing this information and know how to respond – which, in turn, should mean that children experiencing sexual abuse are better supported.

As part of this education, you can give young people the following messages:

## What can I say if my friend tells me they have been sexually abused?

- Listen to them and give them a chance to speak without judgement.
- Ask them how you might be able to help.
- Show that you believe them and support their decisions.
- Remind them that no one has the right to hurt them and that, no matter what, it's not their fault that this happened.
- Encourage them to tell a trusted adult

## What if they ask me to keep it a secret?

If a friend asks you to keep something secret, it's normal to not want to break their trust, or worry they might fall out with you if you tell someone.

But if you don't feel comfortable with what they've told you, or you think they or someone else could be in danger, you could:

- ask them to tell an adult they trust
- tell them you need to tell someone because you are worried about them, but ask them whether there's a particular person they would like you to talk to.

It might feel like you're breaking their trust, but it's important to tell a trusted adult what your friend has said, to make sure you're both safe.

*Adapted from Mind (2020).*



For more information on how young people can help friends in distress, see [Childline's Helping a friend](#)  webpage.

# Appendix 2. Child development

**Section 7.1** explains how you should vary your approach to communicating with a child according to their age. This appendix gives an overview of child development from birth to the age of 18..

## 0–2 years

Babies as young as nine months may begin to use single words such as “mama” or “dada”, and by the age of two a child may be able to string some words together.

By the time a child reaches 18 months, they may be able to communicate how they are thinking and feeling through the use of gestures or basic sign language.

Receptive language (the ability to understand words) appears to develop sooner than expressive language (how the child uses words); this suggests that children can understand what is said to them before they can verbally communicate themselves.

## 3–5 years

From the age of two to five years, children’s use of language can develop significantly. Their vocabulary may increase from 50 to 3,000 words, but some children’s language develops much more slowly or not at all.

At around three or four years old, many children can identify and label their emotions and are developing the capacity to self-soothe when distressed. However, this will very much depend on the environment they are living in: self-soothing is learnt from the child’s primary caregivers, and may be delayed if the parent(s) struggle to manage their own emotions or behave neglectfully or abusively towards the child.

Compared with older children, they are less able to work out what others know or need to know, and find it difficult to identify how they have acquired their own knowledge. Both these abilities are linked to *theory of mind*: the understanding that others have beliefs, knowledge and intentions that are different from one’s own. Theory of mind typically develops between the ages of three and five. Children who do not yet have a robust theory of mind will need help with understanding that others do not know what they know.

## 6–9 years

A number of developmental changes are happening for children in this age group:

- The child’s sense of their place in the family is developing and may feel somewhat contradictory, in that they may feel a strong need to be part of a family while simultaneously developing their independence.
- Their sense of morality is also developing, and they are beginning to develop empathy (although empathy is not fully developed for many more years).
- They are starting to develop their social conscience and are likely to be navigating their way around making decisions. For example, they may be having thoughts such as “I want to take that, but my parents will be unhappy with me if I do.”
- They are beginning to strengthen their relationships with peers, and these relationships are becoming increasingly meaningful.

## 10–13 years

Children at this age are beginning to reason in more logical ways, and their capacity for complex problem-solving is developing. They may be using language in more complex ways, including to tell detailed stories, engage in arguments or debates, and differentiate between fantasy and reality.

Their sexual awareness is growing, and they may experience embarrassment, shame, guilt and excitement in relation to these developing feelings. Some may reach puberty, a time bringing a number of emotional as well as physical changes.

They may prefer to communicate using technology – for example, regularly using online gaming and social media to communicate with peers. This may bring them some confusion as they are exposed to potentially new information and material (e.g. pornography).

## 14–15 years

At this age, young people may appear less communicative as they try to navigate the complexities of managing emotions, solving problems and developing relationships. They may prefer to communicate via technology as this gains increasing prominence in their world. The world may seem very complex for them as they become exposed to a wide range of different material and messages. This is also a time where they may begin to develop sexual relationships.

As young people become exposed to different messages, you should be mindful of the impact this can have on their mental health. At this age they are particularly vulnerable to engaging in self-injurious behaviours, experimenting with drugs and alcohol, developing eating disorders, and other mental health concerns. It is important to note, however, that these difficulties may be present at any age.

## 16–18 years

By the age of 16, many young people are developing the ability to think abstractly, deal with several concepts at the same time, and imagine the future consequences of their actions. This type of thinking in a logical sequence continues to develop into adulthood.

Young people in this age group are learning to process more complex problems, understand analogies and develop and test theories. Their written and spoken language is becoming more and more sophisticated, and they may be developing their knowledge and grasp of moral, social or philosophical concepts.

## Appendix 3. Using interpreters

Interpreters facilitate **oral communication**, converting spoken language from one language to another in real time. Professional interpreters are trained in conveying tone, emotion and nuance – this is essential for the type of conversation you are having, as a child may express themselves non-verbally or use phrases that require sensitive interpretation.

(An interpreter is not the same as a translator, who works with **written text** such as documents, reports and written messages. Translators are less likely to be skilled in real-time, spoken communication.)

You should avoid having family members, neighbours or friends translating/interpreting for or speaking on behalf of a child.

It is vital to check that any interpreter you use is appropriately trained:

- **Ask the interpreter** if they have experience and training in trauma-informed care, and especially in working with children who have experienced abuse.
- **Verify their qualifications**, looking for certifications or specific training in areas such as child safeguarding, trauma-informed communication, and handling sensitive topics with vulnerable populations.
- **Request references** or previous experience related to working with children in similar situations.

However, there may be situations – when a child needs to be spoken to urgently. For example – where a trained interpreter is unavailable, and an interpreter without the desired level of training is the only option, In that case, have a preparatory discussion with the interpreter before your conversation with the child, and give them the following advice.

- **Maintain neutrality** – the interpreter must translate verbatim without adding personal interpretations, and should avoid influencing the child's narrative.
- **Respect the child's pace** – the interpreter should not rush the child to speak or pressure them for details. Let the child guide the conversation.
- **Avoid judgement** – the interpreter must remain non-judgemental and sensitive to the child's emotions.
- **Support confidentiality** – ensure that the interpreter understands the importance of protecting the child's privacy throughout the conversation.
- **Be prepared** – the interpreter needs to be ready for the sensitive nature of the conversation.

During this discussion, ask the interpreter about the terminology they will use in relation to child sexual abuse. Find out, for example, whether the child is likely to have the words in their language to describe sexual abuse, and whether they are likely to feel comfortable using those words. Discuss whether asking multiple open questions or using communication aids might be helpful.

Such a preparatory discussion may be equally useful when working with more experienced, trained interpreters.

The above advice also applies if you are using an intermediary in a conversation with a child whose disability affects their ability to communicate.

## Appendix 4: Memory and questions

Memory contains three stages: encoding (registering an experience), storage (committing memory to storage) and **retrieval** (recalling the past and remembering one's experiences). A memory of an experience is stored not as a single memory trace, but as a series of fragments that we piece together when asked to recall and relate that experience.

When children are asked questions, they retrieve and recount their memories to us. Responding to *open questions* ('Tell me...' questions that call for a narrative response, e.g. "What else happened?"), they are remembering past experiences actively by using **recall**. In response to *closed questions* (closed 'wh' questions, option-posing or yes/no questions, including those worded suggestively), they 'remember' by **recognising** whether the information provided is true or not. Recall is more accurate than recognition. If they are asked misleading questions, their memories can be distorted – and they then tend to persist with their distorted memory, making further clarification difficult.

### Memory and child sexual abuse

Sexual abuse can affect a child's capacity to encode and register experiences, store them in memory, and recall and retrieve them later. There are three reasons for this:

- Children may **struggle to attribute meaning** to their experiences of sexual abuse, resulting in less elaborate and more disorganised narratives than narratives about other stressful experiences. Stress can affect memory in several ways: the release of high levels of stress hormones can disrupt child's memory storage and retrieval processes, and a psychological tendency to disassociate or 'switch off' during trauma will affect observation and recall.
- Research on memory has shown that events that are unspoken and remain secret (such as experiences of child sexual abuse) can be less organised and structured, and thus harder to retrieve.
- It may be months or even years before a child can relate a traumatic event that they experienced, simply because **the fear causes them to suppress their memory**.

### Memory and child development

Children cannot usually remember experiences from their first year of life. Late in the second year, children start remembering some experiences. For a long time, it was thought that the ability to remember was closely related to the development of language, but we now know that infants can remember some of their experiences well before they acquire language.

At around 20 months, children start to be able to talk about their experiences, but they may struggle to convey their memories to others while at the same time relating their memories to themselves. Children below the age of three have significant difficulties in retrieval of memory, and of producing a narrative account of an experience, even if they are capable of recalling it.

During the third year of life, children can relatively freely recall experiences from several months earlier, but they need questions from an adult to be able to do this. They perform better with open-ended directive questions rather than invitations; 'what', 'who' and 'where' questions are generally understood first. They may not understand why they need to tell what happened; in fact, they may assume you already know.

Preschool children are more likely than older children to be confused about the exact source of their memories (when and where things happened, and whether they were imagined or directly experienced); consequently source errors can happen, particularly when responding to suggestive questions or when recalling weaker memories.

In practical terms, young children may not comply with adult expectations when answering questions: they may attempt to answer questions they do not understand with a single word, or unintelligibly, or by showing rather than telling.

By approximately eight years of age, children's capacity to encode, store and retrieve information is on a par with adults'. They are better able than younger children to communicate their memories, because their knowledge of the world is greater and they know what to expect from situations. By middle childhood, most have the ability to distinguish accurately the source of memories (when, where, with whom).

By the age of 10–12, children can become as adept as adults at remembering prior experiences, and at telling about them to adults.

## Reducing suggestibility

Experimental studies have demonstrated that, when children are asked questions about their experiences, the type of question and how it is asked affect the accuracy of their answers. If the questions are leading or introduce new or false information, children can be misled about what has actually occurred. There are three ways in which this may occur:

- The new, suggested information overwrites or distorts the child's original memory, either by supplanting it or by creating a blended new memory of both original and suggested information.
- The original information may not have entered the child's memory in the first place, and the suggested information is new.
- The original and suggested information exist side by side in memory – but when the child recalls the information, they report the most recent, suggested information.

Question types that have been shown to increase suggestibility are outlined in **Chapter 10**, along with advice on alternatives that reduce the chances of misleading the child.

Younger children are more suggestible than older ones. However, research has shown that events of central importance to the child are more robust and difficult to distort. Children with learning disabilities tend to be as suggestible as typically developing children of the same mental age. Autistic children are not more suggestible than neurotypical children.

## Appendix 5. Looking after your own wellbeing

Talking to and supporting children who have been sexually abused can have psychological and emotional effects on you. These effects can include::

- feeling overprotective towards children in your life
- having trouble sleeping
- feeling angry, frustrated or disillusioned
- finding it difficult to empathise.
- experiencing intrusive images or consistent memories of details relating to the offending.

If you find yourself experiencing any of these things, or anything else that you feel is a challenging impact of your work, it is important to seek support.

Maintaining your energy levels, and your feelings of self-worth and self-esteem, is essential if you are to work effectively and preserve your own emotional wellbeing.

### Burnout and vicarious trauma

Some people, especially those who are unsupported or struggle to focus on their own wellbeing, may experience burnout. This is a state of emotional, physical and mental exhaustion, and can develop if you have been under stress for a prolonged period. You feel powerless and may think that there is nothing you can do about your situation, or that there is no point.

Some practitioners may have a traumatic response to working with people who have experienced trauma – this response is known as vicarious trauma (also known as secondary trauma). There are four important things to know about vicarious trauma:

- It manifests differently in each individual.
- It can occur as a result of working with one child or family, or may be cumulative.
- It is pervasive and can affect all areas of your life, including your emotions, relationships and view of the world.
- Experiencing any form of trauma does not make someone weak or unable to do their job, and it is important to get support.

Acknowledging that working with sexually abused children can affect your health and wellbeing is the most important first step in preventing burnout or vicarious trauma from occurring.

**The *Vicarious Trauma & Self-care Toolkit* [🔗](#) produced by the Toronto Youth Equity Strategy provides useful information about preventing vicarious trauma.**

## Reflection point

Think for a minute about the help you need to look after yourself, and what makes you feel refreshed after a challenging day – maybe write some ideas down. These things will be different for everyone, and spending a bit of time thinking about what works for you now will help you to remember at a time when you feel like you have less resilience or capacity to think.

It might be helpful to have a look at some [mindfulness exercises](#) – these take only one minute and can help you feel like you are ‘back on track’ if you find yourself feeling overwhelmed.

## Actions you can take

At work, it's important to:

- seek support with the issues and challenges you are facing
- avoid taking on additional pressures or responsibilities.

Your employer may be able to provide you with some support, perhaps through supervision or support from peers. Some employers have employee welfare schemes that can provide access to counselling.

You can find information for professionals working with abuse on the Upstream Project's [Looking after yourself](#) webpage. You can also get help and support from the mental health charity [Mind](#).

If you are personally affected, you can:

- find help, support and advice in your area through the [Survivors Trust directory of services](#)
- call the [Rape Crisis](#) helpline on 0808 802 9999, which can also tell you where your nearest services are located if you would like face-to-face support or counselling
- call the [National Association for People Abused in Childhood](#) on 0808 801 0331
- find online help for male survivors of sexual abuse and rape from [Survivors UK](#).

# Appendix 6: Resources and sources of information

## Resources for professionals

The following resources are included here as they provide particularly helpful information. They include resources produced outside the UK which we consider relevant.

### Resources available online

Title	Produced by	What is this?
<a href="#"><u><b>Child Development and Trauma Guide</b></u></a> 	Government of Western Australia (2010)	A guide to the needs of children at different ages, and their parents and carers, when trauma has occurred.
<a href="#"><u><b>Information Guide for Professionals</b></u></a> 	Somerset Phoenix Project	A guide to working with children and families affected by child sexual abuse.
<a href="#"><u><b>Recognising and Responding to Harmful Sexual Behaviour Displayed by Young People in Sport</b></u></a> 	NSPCC Child Protection in Sport Unit (2022)	Advice to help professionals address harmful sexual behaviour in this context.
<a href="#"><u><b>Opening Doors: Suggested Practice for Medical Professionals for When a Child Might Be Close to Telling about Abuse</b></u></a> 	Sussex Community NHS Trust (2020)	Advice aimed at health professionals but applicable to anyone working with children, with a focus on what to do rather than what not to do.
<a href="#"><u><b>Sharing Nudes and Semi-nudes: Advice for Education Settings Working with Children and Young People</b></u></a> 	UK Council for Internet Safety	Advice for schools and other organisations on what to do when the sharing of 'selfies' is discovered.

### Books

Calder, M. (ed.) (2009) *Sexual Abuse Assessments: Using and Developing Frameworks for Practice*. Lyme Regis: Russell House.

Smith, G. (2008) *The Protectors' Handbook: Reducing the Risk of Child Sexual Abuse and Helping Children Recover*. London: BAAF.

Still, J. (2016) *Assessment and Intervention with Mothers and Partners following Child Sexual Abuse*. London: Jessica Kingsley.

## Resources for sexually abused children and their families and friends

Title	Produced by	What is this?
<a href="#"><u><b>Sexual Abuse Learning Programme</b></u></a>	Parents Protect	An online programme to help parents understand child sexual abuse (including why their children may not tell anyone about it), recognise the warning signs, and take protective action.
<a href="#"><u><b>Still We Rise: A Guide for Parents and Carers Supporting Young Women around the Issue of Gender-based Violence</b></u></a>	Women & Girls Network (2020)	A guide to identifying the signs of gender-based violence, understanding the trauma it causes, and offering effective support.
<a href="#"><u><b>What's the Problem? A Guide for Parents of Children and Young People Who Have Got into Trouble Online</b></u></a>	Lucy Faithfull Foundation (2017)	A resource for the parents and carers of children found to have been engaging in concerning activity online.
<a href="#"><u><b>Living and Coping with Child Exploitation</b></u></a>	PACE	Guidance for parents in relation to group-based abuse.
<a href="#"><u><b>How Can I Help Someone Else Seek Help and How Do I Support My Friend?</b></u></a>	Mind	Advice for the family and friends of young people experiencing mental health problems.
<a href="#"><u><b>Helping a Friend</b></u></a>	Childline	Advice for young people.
<a href="#"><u><b>Going to Court</b></u></a>	Victim Support	Advice for young people.

## Organisations providing information and support for people concerned or affected by child sexual abuse

You and the children/families you work with can search the [CSA Centre's directory of support services](#) to find out about the support available in your local area.

Additionally, the following organisations provide valuable information and support in specific circumstances.

Organisation	Details
<a href="#">Parents Protect</a>	Information and resources for parents concerned about child sexual abuse.
<a href="#">Stop It Now!</a>	Information and a confidential helpline, live chat and secure messaging service for anyone concerned that they or someone they know may sexually abuse a child.
<a href="#">The Upstream Project</a>	Online resources to help all adults (not just professionals) understand what child sexual abuse is and recognise and act on signs that it may be taking place.
<a href="#">Family Rights Group</a>	Advice for parents, grandparents, other relatives and friends of children who are in need, at risk or in the care system in England and Wales, explaining their rights and options when social workers or courts make decisions about these children's welfare.
<a href="#">The Marie Collins Foundation</a>	Support for children and young people who experience sexual abuse facilitated by the internet
<a href="#">NSPCC</a>	UK charity specialising in child protection and dedicated to protecting children from abuse.
<a href="#">Equally Safe at School</a>	Tools and resources developed to help secondary schools take a whole-school approach to preventing gender-based violence; some of the resources are also relevant to young people and their parents.

# Acknowledgements

The development of both the first and second editions of this publication has been supported by many experts. We would like to thank everyone who has been involved in supporting this work, including:

- Professor Clare Allely (Professor of Forensic Psychology, School of Health & Society, University of Salford)
- Sara Alston (SEND and safeguarding trainer and consultant)
- May Baxter-Thornton (advising the CSA Centre as an expert by experience)
- Dr Danya Glaser (Visiting Professor at University College London; Honorary Consultant Child and Adolescent Psychiatrist, Great Ormond Street Hospital for Children)
- Sabah Kaiser (Specialist EDI Consultant, Independent Commission for Reconciliation and Information Recovery (ICRIR))
- Rosaleen McElvaney (Assistant Professor in Psychotherapy, School of Nursing, Psychotherapy and Community Health, Dublin City University)
- Charlotte Orrell (Speech and language therapist and Registered Intermediary, All Voices)
- Tink Palmer, Victoria Green and Rhiannon-Faye McDonald (Marie Collins Foundation)
- Gary Shaw (Professor of Professional Practice, University of Sunderland)
- Kev Smith (National Vulnerable Witness Adviser, National Crime Agency)
- Ann Stuart MBE (safeguarding and child interview specialist)



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The photographs in this publication were  
taken using actors and do not depict actual  
situations.